RECORD AND BRIEFS

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In The Supreme Court of the United States

MASTERPIECE CAKESHOP, LTD.; AND
JACK C. PHILLIPS,

Petitioners,

v.

COLORADO CIVIL RIGHTS COMMISSION; CHARLIE CRAIG; AND DAVID MULLINS.

Respondents.

ON WRIT OF CERTIORARI TO THE COLORADO COURT OF APPEALS

BRIEF OF *AMICI CURIAE* ILAN H. MEYER, PHD, AND OTHER SOCIAL SCIENTISTS AND LEGAL SCHOLARS WHO STUDY THE LGB POPULATION IN SUPPORT OF RESPONDENTS

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Brown v. *Entertainment Merchants Ass'n*,
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Campaign for S. Equality v. Bryant,
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Church of Lukumi Babalu Aye, Inc. v. City of Hialeah,
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DeBoer v. Snyder,
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Dragovich v. United States Dep't of Treasury,
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Heart of Atlanta Motel, Inc. v. United States,
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Lawrence v. Texas,
539 U.S. 558 (2003) ..... *passim*

Log Cabin Republicans v. United States,
716 F. Supp. 2d 884 (C.D. Cal. 2010) 2

Nungesser v. Columbia Univ.,
169 F. Supp. 3d 353 (S.D.N.Y. 2016) 1

Obergefell v. Hodges,
135 S. Ct. 2584 (2015) ..... *passim*

Perry v. Schwarzenegger,
704 F. Supp. 2d 921 (N.D. Cal. 2012) 2

R.A.V. v. City of St. Paul,
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Red Seal Potato Chip Co. v. Colo. Civil Rights Comm'n,
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Roberts v. United Parcel Serv. Inc.,
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Roberts v. United States Jaycees,
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Romer v. Evans,
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Rumsfeld v. Forum for Acad. & Institutional Rights, Inc.,
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Stawser v. Strange,
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United States v. O'Brien,
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United States v. Windsor,
133 S. Ct. 2675 (2013) .....*passim*

Washington v. Arlene's Flower's, Inc.,
389 P.3d 543 (Wash. 2017)..... 4, 18

Windsor v. United States,
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Other Authorities

Badgett *et al.*, Williams Institute, *Bias in the Workplace: Consistent Evidence of Sexual Orientation and Gender Identity Discrimination* (2007) 11

Balsam & Szymanski, *Relationship Quality and Domestic Violence in Women's Same-Sex Relationships: The Role of Minority Stress*, 29:3 Psychol. Women Q. 258 (2005) 26

Bayer, *Stigma and the Ethics of Public Health: Not Can We But Should We*, 67:3 Soc. Sci. & Med. 463 (2008) 27

Bockting *et al.*, *Adult Development and Quality of Life of Transgender and Gender Nonconformity People*, 23 Current Op. Endocrinology, Diabetes & Obesity 188 (Apr. 2016) 2

Brief of Amici Curiae Mark Regnerus et al. in Support of Petitioners, *Masterpiece Cakeshop, LTD v. Colorado Civil Rights Commission*, No. 16-111 (filed Sept. 7, 2017) ..... *passim*

Burris, *Stigma and the Law*, 367 Lancet 529 (2006) 27

Campbell & Fiske, *Convergent and Discriminant Validation by the Multitrait-Multimethod Matrix*, 56 Psychol. Bull. 81 (1959) 30

Clark *et al.*, *Windsor and Perry: Reactions of Siblings in Same-Sex and Heterosexual Couples*, 62:8 J. Homosexuality 993 (2015) 25

Cochran & Mays, *Sexual Orientation and Mental Health, in Handbook of Psychology and Sexual Orientation* (Oxford Univ. Press 2013) 22

Cochran & Mays, *Lifetime Prevalence of Suicide Symptoms and Affective Disorders Among Men Reporting Same-Sex Sexual Partners: Results From NHANES III*, 90:4 Am. J. Pub. Health 573 (2000) 22

Crocker *et al.*, *Social Stigma, in* 4 *The Handbook of Social Psychology* (Gilbert *et al.*, eds., McGraw-Hill 1998) 13

Crocker, *Social Stigma and Self-Esteem: Situational Construction of Self-Worth*, 35:1 J. Experimental Soc. Psychol. 89 (1999) 18

Doyle & Molix, *Social Stigma and Sexual Minorities' Romantic Relationship Functioning: A Meta-Analytic Review*, 41:10 Pers. Soc. Psychol. Bull. 1363 (2015) 25

Edwards *et al.*, *The Perpetration of Intimate Partner Violence Among LGBTQ College Youth: The Role of Minority Stress*, 42:11 J. of Youth & Adolescence 1721 (2013) 26

First Amended Complaint, *Zawadski v. Brewer Funeral Services, Inc.*, No. 55CI1:17-cv-00019-CM (Miss. Cir. Ct., filed Mar. 7, 2017) 16

Friedman *et al.*, *A Meta-Analysis of Disparities in Childhood Sexual Abuse, Parental Physical Abuse, and Peer Victimization Among Sexual Minority and Sexual Nonminority Individuals*, 8 Am. J. Pub. Health 101 (2011) 22

Frost, *Similarities and Differences in the Pursuit of Intimacy Among Sexual Minority and Heterosexual Individuals: A Personal Projects Analysis*, 67:2 J. Soc. Issues 282 (2011) 24

Frost, *Stigma and Intimacy in Same-Sex Relationships: A Narrative Approach*, 25:1 J. Fam. Psychol. 1 (2011) 26

Frost *et al.*, *Minority Stress and Physical Health Among Sexual Minority Individuals*, 38:1 J. Behav. Med. 1 (2015) 15, 24, 30

Frost & LeBlanc, *Stress in the Lives of Same-Sex Couples: Implications for Relationship Dissolution and Divorce, in LGBTQ Divorce and Relationship Dissolution: Psychological and Legal Perspectives and Implications for Practice* (Goldberg & Romero, eds., Oxford Univ. Press forthcoming 2018) 25, 26

Frost & Meyer, *Internalized Homophobia and Relationship Quality Among Lesbians, Gay Men, and Bisexuals*, 59 J. Counseling Psychol. 97 (2009) 14, 26

Gilman *et al.*, *Risk of Psychiatric Disorders Among Individuals Reporting Same-Sex Sexual Partners in the National Comorbidity Survey*, 91:6 Am. J. Pub. Health 933 (2001) 22

Hatzenbuehler *et al.*, *Stigma As a Fundamental Cause of Population Health Inequalities*, 103:5 Am. J. Pub. Health 813 (2013) 20

Hatzenbuehler *et al.*, *State Level Policies and Psychiatric Morbidity in Lesbian, Gay, and Bisexual Populations*, 99 Am. J. Pub. Health 2275 (2009) 5, 23, 26

Hatzenbuehler et al., *The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study*, 100 Am. J. Pub. Health 452 (2010). 5, 23, 26

Herek, *Sexual Stigma and Sexual Prejudice in the United States: A Conceptual Framework, in Contemporary Perspectives on Lesbian, Gay, and Bisexual Identities* (D. A. Hope ed., 2009) 13

Herek *et al.*, *Sexual Orientation and Mental Health*, Ann. Rev. Clin. Psychol. 3 (2007) 22

Herek *et al.*, *Psychological Sequelae of Hate-Crime Victimization Among Lesbian, Gay, and Bisexual Adults*, 57:6 J. Consult. & Clin. Psychol. 945 (1999). 15

Herrell *et al.*, *Sexual Orientation and Suicidality: A Co-Twin Control Study in Adult Men*, 56:10 Arch. Gen. Psychiatry 867 (1999) 22

Huebner & Davis, *Perceived Antigay Discrimination and Physical Health Outcomes*, 5 Health Psychol. 26 (2007) 24

Institute of Medicine, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (Nat'l Acads. Press 2011) 5, 20, 21

Kann *et al.*, *Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12—United States and Selected Sites, 2015*, 65 Morbidity & Mortality Weekly Report 1 (Aug. 12, 2016) 32

Kertzner *et al.*, *Psychological Well-Being in Midlife and Older Gay Men, Gay and Lesbian Aging: Research and Future Directions* (2004) 22

Kertzner *et al.*, *Social and Psychological Well-Being in Lesbians, Gay Men, and Bisexuals: The Effects of Race, Gender, Age, and Sexual Identity*, 79:4 Am. J. Orthopsychiatry 500 (2009) 22

King *et al.*, *A Systematic Review of Mental Disorder, Suicide, and Deliberate Self Harm in Lesbian, Gay and Bisexual People*," 70 BMC Psychiatry 8 (2008)..... 22

Kosciw *et al.*, GLSEN, *The 2015 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools* (2016), *available at* https://www.glsen.org/article/2015-national-school-climate-survey 11

LeBlanc *et al.*, *Similar Others in Same-Sex Couples' Social Networks*, 62:11 J. Homosexuality 1599 (2015) 26

Lehmiller & Agnew, *Perceived Marginalization and the Prediction of Romantic Relationship Stability*, 69:4 J. Marriage & Family 1036 (2007) 25

Levy *et al.*, Urban Institute, *A Paired-Tested Pilot Study of Housing Discrimination Against Same-Sex Couples and Transgender Individuals* (2017), *available at* https://www.urban.org/sites/default/files/publication/91486/2017.06.27_hds_lgt_final_report_report_finalized_1.pdf 11

Link & Hatzenbuehler, *Stigma as an Unrecognized Determinant of Population Health: Research and Policy Implications*, 41 J. Health Politics, Policy, & Law 653 (2016). 27

Mallory *et al.*, Williams Institute, *The Impact of Stigma and Discrimination against LGBT People in Florida* (2017), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Florida-Impact-Discrimination-Oct-2017.pdf 11

Mallory *et al.*, Williams Institute, *The Impact of Stigma and Discrimination Against LGBT People in Georgia* (2017), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Economic-Impact-of-Discrimination-and-Stigma-against-LGBT-People-in-Georgia-FINAL-4.pdf 11

Mallory *et al.*, Williams Institute, *The Impact of Stigma and Discrimination against LGBT People in Texas* (2017), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Texas-Impact-of-Stigma-and-Discrimination-Report-April-2017.pdf..... 11

Mallory & Sears, Williams Institute, *Evidence of Discrimination in Public Accommodations Based on Sexual Orientation and Gender Identity: An Analysis of Complaints Filed with State Enforcement Agencies, 2008-2014* (2016), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Public-Accommodations-Discrimination-Complaints-2008-2014.pdf..... 11

Mays & Cochran, *Mental Health Correlates of Perceived Discrimination Among Lesbian, Gay, and Bisexual Adults in the United States*, 91:11 Am. J. Pub. Health 1869 (2001) 22

Meyer, *Minority Stress and Mental Health in Gay Men*, 36:1 J. Health & Behav. 38 (1995) 13, 15

Meyer, *Prejudice, Social Stress and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence*, 129:5 Psychol. Bull. 674 (2003) 13, 14, 17, 22, 26

Meyer, *The Elusive Promise of LGBT Equality*, 106:8 Am. J. Pub. Health 1356 (2016) 33

Meyer *et al.*, *Social Patterning of Stress and Coping: Does Disadvantaged Social Statuses Confer More Stress and Fewer Coping Resources?*, 3 Soc. Sci. Med. 67 (2008) 4, 14

Meyer *et al.*, *Lifetime Prevalence of Mental Disorders and Suicide Attempts in Diverse Lesbian, Gay, and Bisexual Populations*, 6 Am. J. Pub. Health 98 (2008) 23

Meyer & Frost, *Minority Stress and the Health of Sexual Minorities, in Handbook of Psychology and Sexual Orientation* (Oxford Univ. Press 2013) 27

Meyer & Wilson, *Sampling Lesbian, Gay, and Bisexual Populations*, 56:1 J. Counseling Psychol. 23 (2009) 31

Munn, *How It Feels When Someone Refuses to Make Your Son a Wedding Cake*, Time (2017), http://time.com/4991839/masterpiece-cakeshop-supreme-court-gay-discrimination/ 3

Park & Mykhyalyshyn, *L.G.B.T. People Are More Likely Targets of Hate Crimes Than Any Other Minority Group*, N.Y. Times, June 16, 2016, https://www.nytimes.com/interactive/2016/06/16/us/hate-crimes-against-lgbt.html?_r=0 33

Pearlin *et al.*, *Stress and Mental Health: A Conceptual Overview, in A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems* (Cambridge Univ. Press 1999) 12, 13

Pew Research Center, *A Survey of LGBT Americans: Attitudes, Experiences and Values in Changing Times* (2013) 12

Pizer *et al.*, *Evidence of Persistent and Pervasive Workplace Discrimination Against LGBT People*, 45 Loy. L.A. L. Rev. 715 (2012) 11

Riggle *et al.*, *LGB Identity and Eudaimonic Well Being in Midlife*, 56:6 J. Homosexuality 786 (2009) 22

Riggle *et al.*, *Psychological Distress, Well-Being, and Legal Recognition in Same-Sex Couple Relationships*, 1 J. Fam. Psychol. 24 (2010) 23

Rostosky *et al.*, *Marriage Amendments and Psychological Distress in Lesbian, Gay, and Bisexual (LGB) Adults*, 1 J. Counseling Psychol. 56 (2009) 23

Rostosky & Riggle, *What Makes Same-Sex Relationships Endure?, in LGBTQ Divorce and Relationship Dissolution: Psychological and Legal Perspectives and Implications for Practice* (Goldberg & Romero, eds., Oxford Univ. Press forthcoming 2018) 25, 26

Rostosky & Riggle, *Same-Sex Relationships and Minority Stress*, 13 Current Opinion Psychol. 29 (2017) 25

Ryan *et al.*, *Family Rejection As a Predictor of Negative Health Outcomes, in White and Latino Lesbian, Gay, and Bisexual Young Adults*, 1 Pediatrics 123 (2009) 23

Safren & Heimberg, *Depression, Hopelessness, Suicidality, and Related Factors in Sexual Minority and Heterosexual Adolescents*, 67:6 J. Consult. Clin. Psychol. 859 (1999) 23

Sawyer *et al.*, *Discrimination and the Stress Response: Psychological and Physiological Consequences of Anticipating Prejudice in Interethnic Interactions*, 102 Am. J. Pub. Health 1020 (2012) 4

Selye, *The General Adaptation Syndrome and the Diseases of Adaptation*, 6:2 J. Clin. Endocrinology 117 (1946), https://doi.org/10.1210/jcem-6-2-117 18

Selye, *History and Present Status of the Stress Concept, in Handbook of Stress: Theoretical and Clinical Aspect* (Goldbeger & Breznitz eds., Free Press 2nd ed. 1993) 12

Sepper, *The Role of Religion in State Public Accommodation Laws*, 60 St. Louis Univ. L.J. 631 (2016) 8

Shadis *et al.*, *Experimental and Quasi-Experimental Designs for Generalized Causal Inference* (Houghton Mifflin Co. 2002) 31

Springer & Herek, *Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States: Prevalence Estimates from a National Probability Sample*, 24:1 J. Interpersonal Violence 54 (2009) 13

Thoits, *Stress and Health: Major Findings and Policy Implications*, 51(S) J. Health & Soc. Behav. S41 (2010) 13

Tilcsik, *Pride and Prejudice: Employment Discrimination Against Openly Gay Men in the United States*, 117 Am. J. Sociology 586 (2011) 11

United States Dep't of Health & Human Services, Office of Disease Prevention and Health Promotion, Healthy People, *Lesbian, Gay, Bisexual, and Transgender Health*, https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health 21

United States Dep't of Justice, Federal Bureau of Investigation, *Hate Crime Statistics 2005, Victims*, https://www2.fbi.gov/ucr/hc2005/victims.htm 32

United States Dep't of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division, *2015 Hate Crime Statistics, Victims*, https://ucr.fbi.gov/hate-crime/2015/topic-pages/victims_final 32

UT Austin College of Liberal Arts, *Statement Regarding Sociology Professor Mark Regnerus* (2014), https://liberalarts.utexas.edu/public-affairs/news/7531 34

Wheaton *et al.*, *The Nature of Stressors, in A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems* (Cambridge Univ. Press 1999) 12

Wolff *et al.*, *Sexual Minority Students in Non-Affirming Religious Higher Education: Mental Health, Outness, and Identity*, 3 Psychol. Sexual Orientation & Gender Diversity 201 (2016) 11

I. INTEREST OF AMICI CURIAE[1]

Amici include scholars in public health and social sciences who are recognized experts on the health and well-being of sexual minorities, including lesbians, gay men, and bisexuals ("LGB"). Many of the *amici* have conducted extensive research and authored publications in peer-reviewed academic journals on the effects of discrimination on LGB people. *Amici* also include legal scholars who are recognized experts on law and policy affecting LGB people's health and well-being. The Appendix identifies the individual *amici*.

This Court and other courts have expressly relied on the research of many of the *amici*, and several of the *amici* have served as expert witnesses. *See, e.g.*, *Obergefell v. Hodges*, 135 S. Ct. 2584, 2600 (2015) (citing Brief of Gary J. Gates as *Amicus Curiae*); *Baskin v. Bogan*, 766 F.3d 648, 663, 668 (7th Cir. 2014); *Nungesser v. Columbia Univ.*, 169 F. Supp. 3d 353, 365 n.8 (S.D.N.Y. 2016); *Roberts v. United Parcel Serv. Inc.*, 115 F. Supp. 3d 344, *passim* (E.D.N.Y. 2015); *Stawser v. Strange*, 307 F.R.D. 604, 609 (S.D. Ala. 2015); *Campaign for S. Equality v. Bryant*, 64 F. Supp. 3d 906, 943 n.42 (S.D. Miss.

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[1] As required by Rule 37 of the Rules of this Court, *amici curiae* obtained consent of counsel of record for all parties to file this brief. Blanket permission from petitioners and the Colorado Civil Rights Commission have been filed with the Court. Respondents, Charlie Craig and David Mullins, emailed their permission to *amici*. A copy of which was included with the filing of this brief. *Amici curiae* also represent that no counsel for a party authored this brief in whole or in part, and that no counsel or party made a monetary contribution intended to fund the preparation or submission of this brief.

2014); *DeBoer v. Snyder*, 973 F. Supp. 2d 757, 763-64 (E.D. Mich.), *rev'd*, 772 F.3d 388 (6th Cir. 2014), *rev'd sub nom.*, *Obergefell v. Hodges*, 135 S. Ct. 2584 (2015); *Bassett v. Snyder*, 951 F. Supp. 2d 939, 967 (E.D. Mich. 2013); *Dragovich v. U.S. Dep't of Treasury*, 872 F. Supp. 2d 944, *passim* (N.D. Cal. 2012); *Log Cabin Republicans v. United States*, 716 F. Supp. 2d 884, 917 (C.D. Cal. 2010); *Perry v. Schwarzenegger*, 704 F. Supp. 2d 921, *passim* (N.D. Cal. 2010).

As scholars who specialize in issues related to LGB people, *amici* have a substantial interest in this matter. In this brief, *amici* present public health and social science research relevant to the legal questions before this Court. In particular, *amici* describe the harmful effects on LGB people of stigma- and prejudice-related stress (referred to as "minority stress") when a business or other place of public accommodation discriminates against them on the basis of sexual orientation.[2] Eliminating discrimination against LGB people, and the harms of minority stress to LGB people's health and well-being, are compelling government interests, especially in light of the long history of invidious discrimination that this population has suffered.

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[2] Stigma and prejudice against transgender people leads to minority stress that adversely impacts this population's health and well-being, as well. *See, e.g.*, Bockting *et al.*, *Adult Development and Quality of Life of Transgender and Gender Nonconformity People*, 23 Current Op. Endocrinology, Diabetes & Obesity 188 (Apr. 2016). Because this case concerns sexual orientation discrimination, we do not address the transgender population.

II. SUMMARY OF ARGUMENT

When a place of public accommodation refuses to serve, or provides lesser services to, LGB people because of their sexual orientation, that experience can have powerful tangible and symbolic effects on them—just as the denial of equal service can adversely impact other minorities. A discriminatory experience can be humiliating and result in harm to health, well-being, and dignity.

After Petitioners rejected the request of Charlie Craig and David Mullins to purchase a wedding cake, Charlie left the bakery shaking, crying, embarrassed, and feeling like a failure before his mother, who witnessed the incident.[3] The symbolic power of such incidents affects not only the LGB person treated unequally but also the larger LGB community, as it becomes aware of the discrimination and fears future such experiences. This Court has recognized that public accommodation antidiscrimination laws protect against these types of harms and, in doing so, "plainly serve[] compelling state interests of the highest order." *Roberts v. United States Jaycees*, 468 U.S. 609, 624 (1984).

The denial of equal service by a bakery or other business to a LGB person because of his or her sexual orientation is an example of what research identifies as a "minority stressor." While everyone has the potential to experience "general stressors"—such as losing a job—LGB people also face minority stressors that stem from anti-LGB stigma and prejudice. A

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[3] Munn, *How It Feels When Someone Refuses to Make Your Son a Wedding Cake*, Time (2017), http://time.com/4991839/masterpiece-cakeshop-supreme-court-gay-discrimination/.

large body of research has shown that LGB people, as a group, experience more stress than heterosexuals, and that this excess exposure to stress is caused by anti-LGB stigma and prejudice.[4]

Another minority stressor facing LGB people relates to *expectations* of rejection and discrimination. Because LGB people learn that they may be rejected and discriminated against in society, they come to expect or fear such occurrences in day-to-day social interactions. The expectation of discrimination causes LGB people to be vigilant as they go through life. For example, a same-sex couple walking down the street may reasonably fear that they will be shouted at with homophobic slurs or even assaulted; as a result, the couple may attempt to conceal their LGB identity (such as by not holding hands). This state of vigilance is stressful and can be damaging to LGB people.[5]

Furthermore, if businesses are allowed to discriminate against people because of their sexual orientation, LGB people may reasonably expect discrimination by other businesses and modify their behavior accordingly. This expectation of discrimination can inhibit LGB people's ability to fully participate in the public marketplace. *See, e.g.*, *Washington v. Arlene's Flower's, Inc.*, 389 P.3d 543, 548-49 (Wash. 2017) (same-sex couple abandoned

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[4] *See, e.g.*, Meyer *et al.*, *Social Patterning of Stress and Coping: Does Disadvantaged Social Statuses Confer More Stress and Fewer Coping Resources?*, 3 Soc. Sci. Med. 67 (2008).

[5] *See, e.g.*, Sawyer *et al.*, *Discrimination and the Stress Response: Psychological and Physiological Consequences of Anticipating Prejudice in Interethnic Interactions*, 102 Am. J. Pub. Health 1020 (2012).

plans for a large wedding after being discriminated against by a florist, citing the "emotional toll" of the discrimination and fear of additional discrimination by other vendors, and instead married at home before a small group of people). Antidiscrimination laws exist in part to prevent such market distortions.

Stigma-related minority stress experienced by LGB people has been linked to a disproportionately high prevalence of psychological distress, depression, anxiety, substance-use disorders, and suicidal ideation and attempts—many of which are two to three times greater among sexual minorities than the heterosexual majority.[6] Minority stress may also adversely impact same-sex couples' relationship quality and stability, thereby undercutting one of the advantages of marriage this Court recognized in *Obergefell*, 135 S. Ct. at 2600-01.

Research also has shown that LGB people fare better in regions where social and legal conditions are more hospitable to them.[7] These studies suggest that antidiscrimination laws that prohibit public accommodations from discriminating against LGB people help reduce minority stress and resultant health disparities.

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[6] *See, e.g.*, Institute of Medicine, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (Nat'l Acads. Press 2011).

[7] Hatzenbuehler *et al.*, *State Level Policies and Psychiatric Morbidity in Lesbian, Gay, and Bisexual Populations*, 99 Am. J. Pub. Health 2275 (2009); Hatzenbuehler *et al.*, *The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study*, 100 Am. J. Pub. Health 452 (2010).

Ultimately, *Amici* conclude that the minority stress literature supports a finding that Colorado has a compelling interest in barring public accommodations from discriminating against LGB people. Indeed, this case is not just about a wedding cake. Something much larger is at stake for LGB people: their health, well-being, and dignity. Allowing businesses to avoid their obligations to serve LGB people equally would undercut the "equal dignity" of same-sex couples that this Court has protected. *Obergefell*, 135 S. Ct. at 2608; *see also United States v. Windsor*, 133 S. Ct. 2675, 2692, 2694 (2013); *Lawrence v. Texas*, 539 U.S. 558, 567, 574-75 (2003). Should the Court agree with Petitioners here, LGB people would likely face increased discrimination in a variety of settings, which antidiscrimination laws would not be able to prevent or remedy.

One of Petitioners' *amici* has alleged that the minority stress literature does not apply here, and that the particular incident in question was not stressful. *See* Brief of Amici Curiae Mark Regnerus et al. in Support of Petitioners, *Masterpiece Cakeshop, LTD v. Colorado Civil Rights Commission*, No. 16-111 (filed Sept. 7, 2017) (hereinafter "the Regnerus Brief"). None of the Regnerus Brief's arguments undermines our conclusions in this brief, as we explain below.

III. ARGUMENT

As Respondents demonstrate, this case involves a discriminatory denial of service; it does not involve any targeting of speech, compelled speech, or regulation of expressive conduct. Respondent Colorado Civil Rights Commission Br. 20-27, 32-44;

Respondents Craig and Mullins Br. 15-28; *R.A.V. v. City of St. Paul*, 505 U.S. 377, 390 (1992) ("acts are not shielded from regulation merely because they express a discriminatory idea or philosophy"); *Rumsfeld v. Forum for Acad. & Institutional Rights, Inc.*, 547 U.S. 47, 62 (2006) (regulation forbidding discrimination against military recruiters did not compel speech endorsing military policy). Even if the Colorado law were deemed to regulate protected expressive conduct, Petitioners' free-speech challenge must fail if the law furthers "an important or substantial governmental interest" that "is unrelated to the suppression of free expression," and "if the incidental restriction on alleged First Amendment freedoms is no greater than is essential to the furtherance of that interest." *United States v. O'Brien*, 391 U.S. 367, 377 (1968). Nor can Petitioners object to a neutral law of general applicability on free-exercise grounds if the law is rationally related to a legitimate government interest. *Church of Lukumi Babalu Aye, Inc. v. City of Hialeah*, 508 U.S. 520, 531 (1993).

Regardless of whether the governmental interest need be legitimate, substantial, or compelling, that requirement is clearly met by the Colorado law. Protecting the dignity of, and eradicating discrimination against, LGB people is a compelling state interest, for "eliminating discrimination and assuring its citizens equal access to publicly available goods and services . . . , which is unrelated to the suppression of expression, plainly serves compelling state interests of the highest order." *Roberts*, 468 U.S. at 624; *see also Bd. of Dirs. of Rotary Int'l v. Rotary Club*, 481 U.S. 537, 549 (1987). In a similar

vein, this Court, in upholding the public accommodations provision of the 1964 Civil Rights Act, recognized Congress's power to "vindicate the deprivation of personal dignity that surely accompanies denials of equal access to public establishments." *Heart of Atlanta Motel, Inc. v. United States*, 379 U.S. 241, 250 (1964) (internal quotation marks omitted); *see also id.* at 291-92 (Goldberg, J., concurring); *Bob Jones Univ. v. United States*, 461 U.S. 574, 604 (1983) (government's compelling interest in eradicating race discrimination in education overrode burden on religious exercise).

Consistent with this line of cases, this Court has repeatedly made clear that our Constitution protects and ensures the "equal dignity" of individuals in same-sex couples and LGB people more broadly. *Obergefell*, 135 S. Ct. at 2608; *see also Windsor*, 133 S. Ct. at 2692, 2694; *Lawrence*, 539 U.S. at 567, 574-75; *Romer v. Evans*, 517 U.S. 620, 634-35 (1996).

Just as this Court's jurisprudence protects same-sex couples and LGB people from discriminatory state action, Colorado prohibits its places of public accommodation from discriminating based on sexual orientation, among other personal characteristics. Colorado Rev. Stat. § 24-34-601(2)(a) (2017). The purpose of Colorado's antidiscrimination law is to "eradicate the underlying causes of discrimination and halt discriminatory practices" that stigmatize and make second-class citizens of many Coloradans. *Red Seal Potato Chip Co. v. Colo. Civil Rights Comm'n*, 618 P.2d 697, 700 (Colo. Ct. App. 1980). *See generally* Sepper, *The Role of Religion in State Public Accommodation Laws*, 60 St. Louis Univ. L.J. 631, 663-67 (2016) (public accommodation anti-

discrimination laws "vindicate individual and societal interests in material, dignitary, and expressive terms").

Although this Court has already stated that prevention of exclusion and stigmatization is a compelling interest in the public accommodations context, *amici* write to provide the Court with relevant research that finds that LGB people are subject to "minority stress" due to anti-LGB stigma and prejudice. *Amici* describe how being refused service by a business due to stigma and prejudice against LGB people is a minority stressor. Thus, public-accommodation discrimination leads to dignitary harm and can cause adverse outcomes for health and well-being for LGB people. In addition, should this Court accept Petitioners' claims, widespread discrimination could ensue, leading LGB people to reasonably expect discrimination, which, in turn, increases the risk that they will not fully participate in the marketplace. Minority stress may also negatively impact same-sex couples' relationship quality and stability. In contrast, research shows that where social and legal conditions are more hospitable to LGB people, the health of sexual minorities improves, and health disparities between LGB people and heterosexuals are reduced.

A. LGB People Face Discrimination and Other Minority Stressors Stemming From Anti-LGB Stigma

1. LGB people have long endured discrimination.

LGB people have faced a long, painful history of public and private discrimination in the United States. In *Obergefell*, this Court observed that gays and lesbians have been "prohibited from most government employment, barred from military services, excluded under immigration laws, targeted by police, and burdened in their rights to associate." 135 S. Ct. at 2596; *see also Windsor*, 133 S. Ct. at 2693 ("The avowed purpose and practical effect of the law here in question are to impose a disadvantage, a separate status, and so a stigma upon all who enter into same-sex marriages made lawful by the unquestioned authority of the States."); *Lawrence*, 539 U.S. at 575 (discussing stigmatization from criminal sodomy statutes); *Romer*, 517 U.S. at 632 (discussing animus in anti-LGB legislation). Speaking to both public and private discrimination, the Seventh Circuit has explained that "homosexuals are among the most stigmatized, misunderstood, and discriminated-against minorities in the history of the world, the disparagement of their sexual orientation, implicit in the denial of marriage rights to same-sex couples, is a source of continuing pain to the homosexual community." *Baskin v. Bogan*, 766 F.3d 648, 658, 663 (7th Cir. 2014); *accord Windsor v. United States*, 699 F.3d 169, 182 (2d Cir. 2012) ("It is easy to conclude that homosexuals have suffered a

history of discrimination."), *aff'd*, 133 S. Ct. 2675 (2013).

Despite advances that LGB people have made to protect their autonomy and equality under the Constitution and some state and local laws, research finds evidence of persistent and pervasive discrimination against LGB people in employment,[8] education,[9] housing,[10] and public accommodations,[11] as well as widespread stigma, prejudice, and

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[8] *See, e.g.*, Pizer *et al.*, *Evidence of Persistent and Pervasive Workplace Discrimination Against LGBT People*, 45 Loy. L.A. L. Rev. 715, 721-728 (2012); Tilcsik, *Pride and Prejudice: Employment Discrimination Against Openly Gay Men in the United States*, 117 Am. J. Sociology 586, 586-626 (2011).

[9] *See, e.g.*, Kosciw *et al.*, GLSEN, *The 2015 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools* (2016); Wolff *et al.*, *Sexual Minority Students in Non-Affirming Religious Higher Education: Mental Health, Outness, and Identity*, 3 Psychol. Sexual Orientation & Gender Diversity 201 (2016).

[10] *See, e.g.*, Levy *et al.*, Urban Institute, *A Paired-Tested Pilot Study of Housing Discrimination Against Same-Sex Couples and Transgender Individuals* (2017).

[11] *See, e.g.*, Badgett *et al.*, Williams Institute, *Bias in the Workplace: Consistent Evidence of Sexual Orientation and Gender Identity Discrimination* 19-20 (2007); Mallory *et al.*, Williams Institute, *The Impact of Stigma and Discrimination against LGBT People in Florida* 30-32 (2017); Mallory *et al.*, Williams Institute, *The Impact of Stigma and Discrimination Against LGBT People in Georgia* 27-28 (2017); Mallory *et al.*, Williams Institute, *The Impact of Stigma and Discrimination Against LGBT People in Texas* 29-31(2017); Mallory & Sears, Williams Institute, *Evidence of Discrimination in Public Accommodations Based on Sexual Orientation and Gender Identity: An Analysis of Complaints Filed with State Enforcement Agencies, 2008-2014* (2016).

violence.[12] With respect to public accommodations specifically, 31% of gay men, 29% of lesbians, and 15% of bisexual men and women respondents to a national survey conducted by the Pew Research Center in 2013 reported that they had "received poor service at a restaurant, hotel, or other place of business."[13]

2. LGB People Face Minority Stressors Stemming from Anti-LGB Stigma and Prejudice

Experiences of discrimination are among other significant minority stressors that adversely impact LGB people's health and well-being. Stress is "any condition having the potential to arouse the adaptive machinery of the individual."[14] Using engineering analysis, stress can be described as the load relative to supportive surface.[15] Like a surface that may break when load weight exceeds its capacity to withstand the load, so too has stress been described as reaching a breaking point beyond which an organism may reach "exhaustion" and even death.[16] Stress is

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[12] *See, e.g., infra* nn. 65-68 and accompanying text.

[13] Pew Research Center, *A Survey of LGBT Americans: Attitudes, Experiences and Values in Changing Times* 41 (2013).

[14] Pearlin *et al., Stress and Mental Health: A Conceptual Overview, in A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems* 161, 175 (Cambridge Univ. Press 1999).

[15] Wheaton *et al., The Nature of Stressors, in A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems* 176-97 (Cambridge Univ. Press 1999)

[16] Selye, *History and Present Status of the Stress Concept, in Handbook of Stress: Theoretical and Clinical Aspect* 7-17 (Goldbeger & Breznitz eds., Free Press 2nd ed. 1993).

detrimental because it requires an adaptation effort by the individual exposed to stress.[17] Research over more than 40 years has shown that stress causes mental and physical disorders.[18]

LGB people are exposed to stressors that researchers refer to as "minority stressors" that stem from anti-LGB stigma and prejudice.[19] In addition, all people (including LGB people) are exposed to "general stressors," which do not stem from stigma and prejudice.[20]

Exposure to minority stress is chronic, in that it is attached to persistent social processes characterized by anti-LGB stigma and prejudice. Similarly, because it relates to stigma and prejudice against LGB people, minority stress refers to *excess* exposure of LGB people to stress as compared with heterosexuals.[21] Thus, minority stress requires

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[17] *Id.*; Pearlin *et al.* (1999), *supra.*

[18] Thoits, *Stress and Health: Major Findings and Policy Implications*, 51(S) J. Health & Soc. Behav. S41 (2010).

[19] Stigma is "a function of having an attribute that conveys a devalued social identity in a particular context." Crocker *et al.*, *Social Stigma, in* 4 *The Handbook of Social Psychology* 506 (Gilbert *et al.*, eds., McGraw-Hill 1998).

[20] Meyer, *Minority Stress and Mental Health in Gay Men*, 36:1 J. Health & Behav. 38 (1995); Meyer, *Prejudice, Social Stress and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence*, 129:5 Psychol. Bull. 674-697 (2003); Meyer *et al.* (2008), *supra.*

[21] Meyer *et al.* (2008), *supra*; Herek, *Sexual Stigma and Sexual Prejudice in the United States: A Conceptual Framework, in Contemporary Perspectives on Lesbian, Gay, and Bisexual Identities* 65-111 (D. A. Hope ed., 2009); Springer & Herek, *Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States: Prevalence Estimates from a*

special adaptation by LGB individuals but not by non-LGB individuals.[22] Because stress can cause mental and physical disorders, the excess exposure to minority stress among LGB people, as compared with heterosexuals, confers an excess risk for diseases that are caused by stress.[23]

Minority stress is defined by specific stress processes, including "prejudice events" and "expectations of rejection and discrimination," among others.[24] "Prejudice events" refers to events that stem from societal anti-LGB stigma and prejudice. Thus, being fired from a job is a general stressor that could affect any person, but it is classified as a prejudice event—a minority stressor—when it is motivated by discrimination against LGB people.

Structural exclusion from resources and advantages available to heterosexuals—such as (1) the historical exclusion of LGB people from the institution of marriage prior to *Obergefell*, (2) the historical exclusion of gay men and lesbians from federal civilian and military employment, and (3) and the current omission of express protections against sexual orientation discrimination in Titles II and VII of 1964 Civil Rights Act, among other federal antidiscrimination laws—leads to prejudice events. Prejudice events also include interpersonal events, perpetrated by individuals acting either in violation

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National Probability Sample, 24:1 J. Interpersonal Violence 54-74 (2009); Meyer (2003), *supra*.

[22] Frost & Meyer, *Internalized Homophobia and Relationship Quality Among Lesbians, Gay Men, and Bisexuals*, 59 J. Counseling Psychol. 97-109 (2009).

[23] Meyer *et al.* (2008), *supra*.

[24] Meyer (2003), *supra*.

of the law (e.g., hate crimes) or within the law (e.g., lawful but discriminatory employment practices).

A prejudice event may be perpetrated by one person, but it carries a symbolic message of social disapprobation. The added symbolic value makes a prejudice event more damaging to the victim's psychological health than a similar event not motivated by prejudice.[25] This exemplifies an important quality of minority stress: Prejudice events have a powerful impact because they convey deep cultural meaning.[26] Even "a seemingly minor event, such as a slur directed at a gay man, may evoke deep feelings of rejection and fears of violence [seemingly] disproportionate to the event that precipitated them."[27] Therefore, assessment of stressors related to stigma and prejudice must consider not only the tangible impact of stress—typically defined as the amount of adaptation required by the event—but also the symbolic meaning within the social context.

In sum, stressors are ubiquitous in our society and experienced by LGB and heterosexual people alike. But the quality of stressors the two populations experience differ in that LGB people are uniquely exposed to minority stressors that stem from stigma and prejudice toward them. This added source of stress experiences exposes LGB people to excess stress compared with heterosexuals and leads to

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[25] Frost *et al.*, *Minority Stress and Physical Health Among Sexual Minority Individuals*, 38 J. Behav. Med. 1 (2015); Herek *et al.*, *Psychological Sequelae of Hate-Crime Victimization Among Lesbian, Gay, and Bisexual Adults*, 57:6 J. Consult. & Clin. Psychol. 945 (1999).

[26] Meyer (1995), *supra*.

[27] *Id.*

excess adverse health outcomes in LGB as compared with heterosexual populations. *See infra* Part III.C.

B. Exclusion From a Public Accommodation is a Prejudice Event and Increases Expectations of Rejection and Discrimination

Based on the large body of research on minority stress, *amici* conclude that when a baker refuses to sell a wedding cake to a LGB person, it is a prejudice event, a type of minority stress, which has both tangible and symbolic impacts on the LGB customer. From a practical perspective, the rejected customer is faced with an additional adaptational task—a concrete problem to resolve: finding a replacement for the needed service or good (here, a wedding cake). This demonstrates the basic premise of minority stress as an *excess* stress: the extra burden of finding an alternative provider adds to the stress of planning a wedding compared with heterosexual couples not affected by such discrimination. This added burden is unique to the class of customers who are shunned by the baker because of their same-sex fiancés.

While the couple here was able to procure another cake, the rejected customer may not always have the ability or time to find a replacement because an alternative business may not be available or because of the immediacy of the need. *See, e.g.*, First Amended Complaint, *Zawadski v. Brewer Funeral Services, Inc.*, No. 55CI1:17-cv-00019-CM (Miss. Cir. Ct., filed Mar. 7, 2017) (widow alleging funeral home refused to transport and cremate deceased same-sex spouse because of their sexual orientation, leaving the decedent's body without proper storage for hours and

the family scrambling to find alternative funeral services).

In addition to such tangible challenges, being rejected by a business for one's sexual orientation underscores the stigmatization that LGB people face. Here, the baker's rejection of a same-sex couple amplifies social rejection and reiterates decades-old stigma and prejudice. In the context of marriage, this is an especially powerful rejection because it relates to the couple's relationship, which inherently embodies their sexual orientation. *See also Obergefell*, 135 S. Ct. at 2600 ("'[W]hen sexuality finds overt expression in intimate conduct with another person, the conduct can be but one element in a personal bond that is more enduring.'" (quoting *Lawrence*, 539 U.S. at 567)). Being rejected by a business is a stark reminder to same-sex couples that even after this Court concluded that their relationships and dignity are protected by the U.S. Constitution, *Obergefell*, 135 S. Ct. at 2608; *Windsor*, 133 S. Ct. at 2692, 2694; *Lawrence*, 539 U.S. at 567, 574-75, they may continue to experience rejection and discrimination in the public marketplace.

Being rejected—and even the threat of rejection—in public accommodations will also increase expectations of future rejection and discrimination among LGB people. This is another form of minority stress.[28] An expectation of rejection and discrimination is a stressor because it requires vigilance by members of minority groups to defend themselves against potential rejection,

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[28] Meyer (2003), *supra*.

discrimination, or violence.[29] Unlike prejudice events, which entail concrete events, expectations of rejection and discrimination are stressful even in the absence of a specific prejudice event because the expectation is based on what has been learned from repeated exposure to a stigmatizing social environment.[30] For example, gay couples must remain vigilant when walking in a public space, especially if they demonstrate affection, such as by holding hands, for fear of harassment or violence. The vigilance required in such a state is similar to the classic example of stress experienced by a person in a flight-or-fight stress response, which brings about biophysiological changes that can be harmful to one's health.[31]

Furthermore, it is reasonable to conclude that rejection by a baker or other business will reproduce expectations of rejection and may lead LGB people not to fully participate in the marketplace. For example, in *Washington v. Arlene's Flowers*, the Washington Supreme Court observed that after a florist turned the same-sex couple away, the couple abandoned plans for a large, 100-guest wedding. 389 P.3d at 548. The "emotional toll" of the incident and fear being of denied service by other vendors prompted the couple to forego their plans and marry at home in front of 11 guests. *Id.* at 549.

Should this Court conclude that the First Amendment protects Petitioners' actions here, an

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[29] *Id.*

[30] Crocker, *Social Stigma and Self-Esteem: Situational Construction of Self-Worth*, 35:1 J. Experimental Soc. Psychol. 89-107 (1999).

[31] Selye, *The General Adaptation Syndrome and the Diseases of Adaptation*, 6:2 J. Clin. Endocrinology 117 (1946).

untold number of businesses may turn away LGB people. As a result, in order to ensure they will not be refused service when they need it, LGB customers would experience an additional burden of having to come out as LGB in advance of seeking services or goods, or face the risk of being turned away too late. If a same-sex couple getting married doesn't come out to, for example, an event space where they are planning their wedding party, they may find out at the last minute that the event space will not host them. Or, if planning a honeymoon at an inn, LGB customers would have to inquire in advance whether the inn-keeper would accommodate them, lest they arrive only to find out too late that they are not welcome. If the business rejects the LGB customer when he or she comes out, the LGB person must undertake the additional burden of trying to find an alternative provider, if such an alternative provider even exists or is available in the locale.

These experiences inflict dignitary harms on LGB people and are stressful, as they require LGB people to expend greater effort and expense to arrive at the same services or goods provided to non-LGB people with less effort and expense.[32] Moreover, the possibility of public rejection from services and goods creates a stigmatizing social environment. As we discuss next, a stigmatizing social environment and

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[32] Comparisons of LGB and heterosexual people throughout our analysis assume everything else being equal in terms of other sources of potential discrimination, such as minority racial/ethnic identity. Of course, other forms of discrimination would similarly apply to LGB people and heterosexuals. Thus racist discrimination would apply equally to Black heterosexual and LGB people, but only the LGB people would experience the additional anti-LGB discrimination.

minority stress adversely impact LGB people's health and well-being.

C. Minority Stress Adversely Affects the Health and Well-Being of LGB People and May Impact Relationship Quality and Stability

1. Minority Stress Negatively Impacts the Health and Well-Being of the LGB People

Stigma is a "fundamental social cause" of disease, in that it influences multiple disease outcomes through multiple risk factors across a widespread population.[33] This makes stigma "a central driver of morbidity and mortality at a population level."[34] Stigma leads to poor health outcomes by blocking resources "of money, knowledge, power, prestige, and beneficial social connections," increasing social isolation and limiting social support, and increasing stress.[35]

To date, hundreds of peer-reviewed research articles have reported on studies using the minority stress framework. By and large, this body of work shows that exposure to minority stress has a negative impact on the health and well-being of LGB people. This has led the Institute of Medicine (now called The National Academies of Sciences, Engineering, and Medicine), which operates under a congressional

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[33] Hatzenbuehler *et al.*, *Stigma As a Fundamental Cause of Population Health Inequalities*, 103:5 Am. J. Pub. Health 813, 813 (2013).

[34] *Id.* at 813.

[35] *Id.* at 814.

charter and provides independent, objective analysis of scientific research, to determine that minority stress is a core perspective for understanding LGB health and disparities in health between LGB and heterosexual people.[36]

Other leading public-health authorities have also recognized health disparities of LGB as compared with heterosexual populations. In Healthy People 2010 and Healthy People 2020, which set health priorities for the United States, the Department of Health and Human Services (HHS) identified the LGB population as having disparities in health outcomes, faring worse than heterosexuals.[37] In explaining why the LGB population required special public-health attention, HHS provided a minority stress explanation, noting that "[p]ersonal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals."[38]

This burden has most clearly been articulated in the minority stress literature.[39] Studies have concluded that minority stress processes are related to an array of mental health problems, including depressive symptoms, substance use, and suicide

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[36] Institute of Medicine, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (Nat'l Acads. Press 2011).

[37] *See* United States Dep't of Health & Human Services, Office of Disease Prevention and Health Promotion, Healthy People, *Lesbian, Gay, Bisexual, and Transgender Health*, https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

[38] *Id.* (citing Healthy People 2010).

[39] Institute of Medicine (2011), *supra*.

ideation and attempts.[40] LGB individuals also have lower levels of social well-being, which reflects a person's acceptance by his or her social environment,[41] than heterosexual people because of exposure to minority stress.[42]

Minority stress is also associated with a higher incidence of reported suicide attempts among LGB individuals than heterosexuals (especially in youth, when sexual identity is first disclosed to friends and family).[43] The higher prevalence of suicide attempts

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[40] Mays & Cochran, *Mental Health Correlates of Perceived Discrimination Among Lesbian, Gay, and Bisexual Adults in the United States*, 91:11 Am. J. Pub. Health 1869-76 (2001); Herek *et al.*, *Sexual Orientation and Mental Health*, Ann. Rev. Clin. Psychol. 3 (2007); King *et al.*, *A Systematic Review of Mental Disorder, Suicide, and Deliberate Self Harm in Lesbian, Gay and Bisexual People*, 70 BMC Psychiatry 8 (2008); Meyer (2003), *supra*; Cochran & Mays, *Sexual Orientation and Mental Health, in Handbook of Psychology and Sexual Orientation*, 204-22 (Oxford Univ. Press 2013).

[41] Kertzner *et al.*, *Social and Psychological Well-Being in Lesbians, Gay Men, and Bisexuals: The Effects of Race, Gender, Age, and Sexual Identity*, 79:4 Am. J. Orthopsychiatry 500 (2009).

[42] Kertzner *et al.*, *Psychological Well-Being in Midlife and Older Gay Men, Gay and Lesbian Aging: Research and Future Directions* 97-115 (2004); Riggle *et al.*, *LGB Identity and Eudaimonic Well Being in Midlife*, 56:6 J. Homosexuality 786 (2009).

[43] *E.g.*, Cochran & Mays, *Lifetime Prevalence of Suicide Symptoms and Affective Disorders Among Men Reporting Same-Sex Sexual Partners: Results From NHANES III*, 90:4 Am. J. Pub. Health 573 (2000); Gilman *et al.*, *Risk of Psychiatric Disorders Among Individuals Reporting Same-Sex Sexual Partners in the National Comorbidity Survey*, 91:6 Am. J. Pub. Health 933 (2001); Herrell *et al.*, *Sexual Orientation and Suicidality: A Co-Twin Control Study in Adult Men*, 56:10 Arch. Gen. Psychiatry 867 (1999); Friedman *et al.*, *A Meta-Analysis of*

among LGB youth is influenced by minority stress encountered by youths, for example, experiencing rejection by their family.[44]

Minority stressors stemming from social structural discrimination have serious negative consequences on mental health. For example, LGB people who live in states without laws that extend protections to sexual minorities (e.g., job discrimination or hate crimes) demonstrate higher levels of mental health problems compared to those living in states with laws that provide such protections.[45] Furthermore, the denial of marriage rights for same-sex couples had a demonstrated negative effect on the mental health of lesbians and gay men, regardless of their relationship status.[46]

Several studies have also demonstrated links between minority stress factors and some physical

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Disparities in Childhood Sexual Abuse, Parental Physical Abuse, and Peer Victimization Among Sexual Minority and Sexual Nonminority Individuals, 8 Am. J. Pub. Health 101 (2011); Meyer *et al.*, *Lifetime Prevalence of Mental Disorders and Suicide Attempts in Diverse Lesbian, Gay, and Bisexual Populations*, 6 Am. J. Pub. Health 98 (2008); Safren & Heimberg, *Depression, Hopelessness, Suicidality, and Related Factors in Sexual Minority and Heterosexual Adolescents*, 67:6 J. Consult. Clin. Psychol. 859 (1999).

[44] Ryan *et al.*, *Family Rejection As a Predictor of Negative Health Outcomes, in White and Latino Lesbian, Gay, and Bisexual Young Adults*, 1 Pediatrics 123 (2009).

[45] Hatzenbuehler *et al.* (2009), *supra*.

[46] Riggle *et al.*, *Psychological Distress, Well-Being, and Legal Recognition in Same-Sex Couple Relationships*, 1 J. Fam. Psychol. 24 (2010); Rostosky *et al.*, *Marriage Amendments and Psychological Distress in Lesbian, Gay, and Bisexual (LGB) Adults*, 1 J. Counseling Psychol. 56 (2009); Hatzenbuehler *et al.* (2010), *supra*.

health problems. For example, one study found that LGB people who had experienced a prejudice-related stressful life event were about three times more likely than those who did not experience a prejudice-related life event to have suffered a serious physical health problem over a one-year period.[47] This effect remained statistically significant, even after controlling for the experience of other non-prejudicial stress events and other factors known to affect physical health. Thus, prejudice-related stressful life events were more damaging to the physical health of LGB people than general stressful life events that did not involve prejudice. In another study, exposure to discrimination at work was related to an increased number of sick days and physician visits among LGB people.[48]

2. Minority Stress May Adversely Impact Same-Sex Couples' Relationship Quality and Stability

LGB people have the same aspirations for achieving intimate relationships as heterosexuals, but they face greater social barriers to maintaining long-term relationships.[49] This Court's decisions in *Lawrence*, *Windsor*, and *Obergefell* have helped remove some major barriers. Indeed, emerging evidence suggests "that legal relationship recognition

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[47] Frost *et al.* (2015), *supra.*

[48] Huebner & Davis, *Perceived Antigay Discrimination and Physical Health Outcomes*, 5 Health Psychol. 26 (2007);

[49] Frost, *Similarities and Differences in the Pursuit of Intimacy Among Sexual Minority and Heterosexual Individuals: A Personal Projects Analysis*, 67:2 J. Soc. Issues 282 (2011).

and parenting may act as stabilizing factors for [both same-sex and different-sex] couples."[50]

But minority stress remains a burden for same-sex partners.[51] Some studies indicate that minority stress in LGB people's lives may negatively affect couples' relationship quality and stability.[52] Consistently, some findings suggest that social approval and support appears to be important to couple stability.[53]

While different-sex and same-sex couples all experience general stressors—such as stresses related to finances or household chores—same-sex couples experience additional minority stressors that stem from the stigmatization of same-sex

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[50] Rostosky & Riggle, *What Makes Same-Sex Relationships Endure? in LGBTQ Divorce and Relationship Dissolution: Psychological and Legal Perspectives and Implications for Practice* (Goldberg & Romero, eds., Oxford Univ. Press forthcoming 2018) (on file with counsel).

[51] Clark *et al.*, *Windsor and Perry: Reactions of Siblings in Same-Sex and Heterosexual Couples*, 62:8 J. Homosexuality 993 (2015).

[52] Doyle & Molix, *Social Stigma and Sexual Minorities' Romantic Relationship Functioning: A Meta-Analytic Review*, 41:10 Pers. Soc. Psychol. Bull. 1363 (2015); Rostosky & Riggle, *Same-Sex Relationships and Minority Stress*, 13 Current Opinion Psychol. 29 (2017); Frost & LeBlanc, *Stress in the Lives of Same-Sex Couples: Implications for Relationship Dissolution and Divorce, in LGBTQ Divorce and Relationship Dissolution: Psychological and Legal Perspectives and Implications for Practice* (Goldberg & Romero, eds., Oxford Univ. Press, forthcoming 2018) (on file with counsel).

[53] Lehmiller & Agnew, *Perceived Marginalization and the Prediction of Romantic Relationship Stability*, 69:4 J. Marriage & Family 1036 (2007).

relationships.[54] Societal stigma surrounding same-sex relationships can also be uniquely internalized, contributing to feelings of internalized homophobia among people in same-sex relationships,[55] which has been shown to be detrimental to relationship quality among sexual minority individuals.[56] Moreover, societal stigma of same-sex relationships can lead to adverse mental health effects among LGB individuals, which create the potential for mental health problems in the couple (e.g., depression) that jeopardize the relationship.[57]

D. Better Social and Legal Conditions are Associated with Fewer Adverse Effects of Minority Stress

Research has shown that in U.S. regions where LGB people have better social and legal conditions, they also have better health and lesser health disparities compared with heterosexuals.[58] Because minority stress stems from societal stigma, its root

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[54] Frost, *Stigma and Intimacy in Same-Sex Relationships: A Narrative Approach*, 25:1 J. Fam. Psychol. 1 (2011); Frost & LeBlanc (forthcoming 2018), *supra*; LeBlanc *et al.*, *Similar Others in Same-Sex Couples' Social Networks*, 62:11 J. Homosexuality 1599 (2015); Meyer (2003), *supra*.

[55] Frost & Meyer (2009), *supra*.

[56] Balsam & Szymanski, *Relationship Quality and Domestic Violence in Women's Same-Sex Relationships: The Role of Minority Stress*, 29:3 Psychol. Women Q. 258 (2005); Edwards *et al.*, *The Perpetration of Intimate Partner Violence Among LGBTQ College Youth: The Role of Minority Stress*, 42:11 J. of Youth & Adolescence 1721 (2013).

[57] Rostosky & Riggle (forthcoming 2018), *supra*; Frost & LeBlanc (forthcoming 2018), *supra*.

[58] Hatzenbuehler *et al.* (2009), *supra*; Hatzenbuehler *et al.* (2010), *supra*.

can only be eliminated through social and structural intervention.[59] Antidiscrimination laws that prohibit public accommodations from discriminating against LGB people would propel improved social and legal conditions. Indeed, as this Court has recognized, public accommodations laws "protect[] the State's citizenry from a number of serious social and personal harms" by ensuring that members of historically disadvantaged groups can participate as full members of civic society. *Roberts*, 468 U.S. at 625.

But just as laws can help eradicate and dismantle stigma and enhance a nation's health, laws can "be a part of the problem by enforcing stigma."[60] Indeed, the role of law in shaping stigma is so clear to public health professionals that they explicitly debate the ethics of using law to promote stigma, for example, related to smoking, even when such laws have undeniable benefits to the public's health by preventing morbidity and mortality.[61]

If this Court accepts Petitioners' arguments here, then future denial of service to LGB customers would be enshrined in the authority of the U.S. Constitution—leading to greater stigmatization of LGB people and same-sex relationships. At the same time, LGB people would feel less protected by the

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[59] Meyer & Frost, *Minority Stress and the Health of Sexual Minorities, in Handbook of Psychology and Sexual Orientation* 252-66 (Oxford Univ. Press 2013).

[60] Burris, *Stigma and the Law*, 367 Lancet 529 (2006); Link & Hatzenbuehler, *Stigma as an Unrecognized Determinant of Population Health: Research and Policy Implications*, 41 J. Health Politics, Policy, & Law 653 (2016).

[61] Bayer, *Stigma and the Ethics of Public Health: Not Can We But Should We*, 67:3 Soc. Sci. & Med. 463 (2008).

state than their heterosexual counterparts, and would need to be increasingly vigilant to secure their families' well-being.

E. Regnerus *Amici* Brief Does Not Undermine the Significance of the Minority Stress Literature to this Case

One of Petitioners' *amici* briefs (the "Regnerus Brief," *supra*) asserts a variety of arguments that purport to undermine the significance of minority stress to the issues before the Court. Contrary to the claims made by the Regnerus Brief, none of the arguments therein undermines our arguments and conclusions here.

The Regnerus Brief asserts some methodological objections to studies on minority stress. But these methodological challenges are not unique to the minority stress literature and are routinely handled by scientists, who are trained to discern the implications of these challenges.

In generating knowledge, scientists generally rely on theory, hypotheses posed based on theory, and empirical evidence that enables them to assess these hypotheses using quantitative and qualitative methods. To collect and assess evidence, scientists use conventions and rules about causal inference developed over decades of methodological writings. These are the same processes that were used by scientists studying the incidence and impact of minority stress, and their conclusions are no less worthy of respect than scientific conclusions drawn in other contexts.

Moreover, in all fields of inquiry, no one research article is determinative, and all studies have methodological limitations. Indeed, a good scientific article provides the reader with a thorough review of the study's limitations, as well as suggestions for further study that may address limitations. The mere existence of methodological limitations in any one study, or even in a group of studies, does not by itself discredit the study or area of investigation. Relying on conventions of scientific research methodology and causal inference, a scientist uses his or her expertise and judgment about the significance and potential impact of the limitations in any particular study or group of studies to form conclusions about the questions under study.

First, the Regnerus Brief raises a host of alleged methodological limitations that the authors erroneously claim invalidate minority stress research and conclusions. But none of these alone or together invalidate minority stress research and conclusions, or disqualify the weight of scientific findings we discuss. For example, contrary to the Regnerus Brief, the fact that research evidence on minority stress stems from hundreds of independent research studies, done with varying methodologies, and using a variety of measures is a ***strength*** of this body of work. Indeed, an established method to assess the validity of scientific findings relies on the assessment of *convergences* of results across *divergent* methods. To the extent that convergences are shown from different studies leading to the same conclusions, this provides evidence that the findings are not

singularly, and spuriously, confounded by a particular method or measure.[62]

Second, the Regnerus Brief alleges that the literature conflates causation and association, but discusses only one study to demonstrate this, and, even then, does not actually describe the purported error of this study's causal inference. Instead, the Regnerus Brief addresses some limitations that do not go to causality. In fact, the one study mentioned is perfectly suited for testing causal relationships in that it is longitudinal and carefully measured and tracked instances of the minority stressor as a cause and its health effect.[63]

In any event, this Court has never required in public accommodations cases that the government must prove that a specific exclusion *caused* the various harms that antidiscrimination laws aim to ameliorate, contrary to the Regnerus Brief's assertion. Regnerus Br. at 1 & 15 (citing *Brown* v. *Entertainment Merchants Ass'n*, 564 U.S. 786 (2011)). Rather, in *Roberts*, for example, it was nothing less than obvious to the Court that discrimination by public accommodations causes dignitary, economic, and other harms. 468 U.S. at 625. Furthermore, this is not a case like *Brown*, cited by the Regnerus Brief, in which the government was attempting to ban protected speech because of harms caused by the speech.

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[62] Campbell & Fiske, *Convergent and Discriminant Validation by the Multitrait-Multimethod Matrix*, 56 Psychol. Bull. 81 (1959).

[63] Frost *et al.* (2015), *supra*.

Third, the Regnerus Brief critiques some studies assessing minority stress that use non-probability, or non-random, samples. But the Regnerus Brief's blanket statement that "[t]hat is not how research on populations ought to be conducted," Regnerus Br. 23, is wrong and contrary to scientific method. Clearly, studies that use non-probability samples differ from studies that use probability (representative) samples, but both types of studies are appropriately utilized by scientists.[64] Probability samples are required to make unbiased population estimates about statistics, such as prevalence of a disorder in a population. But non-probability samples provide insight into studied phenomena and often are preferred for assessing causal relationships. Indeed, one of the definitive textbooks on scientific causal inference describes numerous considerations for causal inference that do not rely on probability samples.[65]

Fourth, the Regnerus Brief argues that some of the data on minority stress are too old to be relevant today because of "recent changes in societal norms and increasing acceptance of LGB persons." Regnerus Br. 4. But evidence from recent studies suggests that improvements in societal norms have not been far-reaching enough to weaken our arguments here. For example, recent data on youth in U.S. high schools—perhaps the population most likely to have adopted more-accepting norms—shows that LGB youth continue to be disproportionally targeted for harassment. The survey of high school students

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[64] Meyer & Wilson, *Sampling Lesbian, Gay, and Bisexual Populations*, 56:1 J. Counseling Psychol. 23, 23-31 (2009).

[65] Shadis *et al.*, *Experimental and Quasi-Experimental Designs for Generalized Causal Inference.* (Houghton Mifflin Co. 2002).

conducted in 2015 by the Centers for Disease Control and Prevention (CDC) uses a national probability sample of youth in high schools and therefore is representative of all U.S. youth in high schools. As reported by the CDC, results of the survey showed, among other findings, that 10% of LGB students, compared with 5% of heterosexual students, reported being threatened or injured with a weapon on school property, and 34% of LGB students, compared with 19% of heterosexual students, reported being bullied on school property.[66] And consistent with minority stress explanations, the LGB students were more likely to report being sad or hopeless (60% of LGB versus 26% of heterosexual students), seriously considered attempting suicide (43% of LGB versus 15% of heterosexual students), and actually attempted suicide (29% of LGB versus 6% of heterosexual students).[67] Similarly, the number of anti-LGB bias crimes reported to the FBI in the country has been steady for the past decade. For example, in 2005, 1,213 victims of crimes stemming from sexual-orientation bias were reported to the FBI; in 2015, 1,263 victims of these crimes were reported to the FBI.[68]

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[66] Kann *et al.*, *Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12—United States and Selected Sites, 2015*, 65 Morbidity & Mortality Weekly Report 1 (Aug. 12, 2016).

[67] *Id.*

[68] United States Dep't of Justice, Federal Bureau of Investigation, *Hate Crime Statistics 2005, Victims*, https://www2.fbi.gov/ucr/hc2005/victims.htm; United States Dep't of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division, *2015 Hate Crime Statistics, Victims*, https://ucr.fbi.gov/hate-crime/2015/topic-

Thus, contrary to the Regnerus Brief, despite the increase in social acceptance of LGB people in today's society, stigma, prejudice, and discrimination persist.[69] *See supra* Part III.A.1.

Fifth, the Regnerus Brief notes that minority stress research describes some LGB people as resilient in the face of adversity. Regnerus Br. 9. While research has found that some LGB people are resilient in the face of adversity, others succumb to adverse health effects of minority stress. And, that some people may be able to rebound from adversity does not justify placing adversity in their path. In fact, one of the purposes of antidiscrimination law is to clear discriminatory obstacles in people's paths.

The Regnerus Brief suggests that the issue at stake here is a minor experience that could be "waved off by the plaintiffs as 'Oh well, we realize some people aren't on board with same-sex marriage.'" (Br. 10). The Regnerus Brief misconstrues minority stress writings to claim that this experience does not represent minority stress because the actions of Petitioners were not chronic or acute. In fact, minority stress is chronic not because each stressful event is chronic, but because LGB people repeatedly encounter such events. As we have explained here, the issue at stake is greater than the one-time interaction of the parties to this case. If this Court

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pages/victims_final; *see also* Park & Mykhyalyshyn, *L.G.B.T. People Are More Likely Targets of Hate Crimes Than Any Other Minority Group*, N.Y. Times, June 16, 2016, https://www.nytimes.com/interactive /2016/06/16/us/hate-crimes-against-lgbt.html?_r=0.

[69] Meyer, *The Elusive Promise of LGBT Equality*, 106:8 Am. J. Pub. Health 1356 (2016).

accepts Petitioners' arguments and allows for exemptions to antidiscrimination laws, it would change the social environment of LGB people for the worse, leading to repeated and acute experiences of being rejected from businesses and to expectations of such rejection and discrimination in LGB people's daily interactions within the public marketplace.

Finally, we are compelled to address the Regnerus Brief's false claim that "politics have crowded out sound scientific methodology" in research on minority stress. (Br. 21.). The studies we rely on herein—and many others in this body of research that we do not have room to cite—meet established standards for scientific rigor, as evidenced by their publication in demanding peer-reviewed journals. Furthermore, the Regnerus Brief's assertion about politics is incredible given that a federal court has already found that Mark Regnerus himself conducted results-oriented research in order to "oblige" a politically-driven funder. *DeBoer v. Snyder*, 973 F. Supp. 2d 757, 766 (E.D. Mich.), *rev'd*, 772 F.3d 388 (6th Cir. 2014), *rev'd sub nom.*, *Obergefell v. Hodges*, 135 S. Ct. 2584 (2015).[70]

In the end, the Regnerus Brief does not successfully dispute that a stigmatizing social

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[70] Indeed, the court concluded that Regnerus's testimony was "entirely unbelievable and not worthy of serious consideration." *DeBoer*, 973 F. Supp. 2d at 766. The court also concluded that Regnerus had "fringe viewpoints," *id.* at 768, which is underscored by the fact that Regnerus's own academic colleagues at his university took the extraordinary step of publicly distancing themselves from his findings. *Id.* at 766; UT Austin College of Liberal Arts, *Statement Regarding Sociology Professor Mark Regnerus* (2014), https://liberalarts.utexas.edu/public-affairs/news/7531.

environment damages the health of LGB people by bringing about life events and other conditions that are stressful. It is an environment that demands vigilance of its LGB citizens as they watch to protect themselves from potential discrimination and violence. It is an environment where, in an attempt to protect themselves from the stress of anti-LGB stigma, LGB people are moved to conceal their sexual identity. And it is an environment where stigma and stereotypes are internalized by both heterosexual and LGB people. Each of these stressors causes serious injury in the form of psychological distress, physical and mental health problems, suicide, and lowered sense of well-being. These stressors also negatively impact same-sex couples' relationship quality and stability.

IV. CONCLUSION

The minority stress literature converges on one conclusion: that when a place of public accommodation refuses to serve, or provides lesser services to, LGB people because of their sexual orientation, that experience can have powerful tangible and symbolic effects on LGB people, which adversely impact their health and well-being. Because of the power of law, if this Court countenances such discrimination, our Constitution will be a source of stigma rather than dignity for LGB people. For the foregoing reasons, the Court should affirm.

Respectfully submitted,

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APPENDIX

APPENDIX: LIST OF *AMICI* SCHOLARS

1. **Ilan H. Meyer**, Ph.D., is Distinguished Senior Scholar for Public Policy at the Williams Institute, UCLA School of Law, and Professor Emeritus of Sociomedical Sciences at Columbia University. Dr. Meyer studies public health issues related to minority health, including stress and illness in minority populations, in particular, the relationship of minority status, minority identity, prejudice and discrimination and health outcomes in sexual minorities and the intersection of minority stressors related to sexual orientation, race/ethnicity, and gender. In several highly cited papers, Dr. Meyer has developed a model of minority stress that describes the relationship of social stressors and adverse health outcomes and helps to explain LGBT health disparities. The model has guided his and other investigators' population research on lesbian, gay, bisexual, and transgender health disparities by identifying the mechanisms by which social stressors impact health and by describing the harm to LGBT people from prejudice and stigma. For this work, Dr. Meyer received the Outstanding Achievement Award from the Committee on Lesbian, Gay, Bisexual, and Transgender Concerns of the American Psychological Association (APA) and Distinguished Scientific Contribution award from the APA's Division 44. Dr. Meyer has served as an expert in several court cases and hearings, including *Perry v. Schwarzenegger*, 704 F. Supp. 2d 921 (N.D. Cal. 2010); United States Commission on Civil Rights briefing on peer-to-peer violence and bullying in K-12 public schools (2011); *Garden State Equality v. Doe* (N.J. Sup. Ct. 2013);

Bayev v. Russia (European Court of Human Rights 2014); and *Sexual Minorities Uganda v. Scott Lively* (D. Mass. 2016). Dr. Meyer has been a principal investigator for over 20 research projects and is currently the principal investigator of two important National Institutes of Health funded studies, the *Generations Study*, a study of stress, identity, health, and health care utilization across three cohorts of lesbians, gay men, and bisexuals; and the TransPoP study, the first national probability sample of transgender individuals, both in the United States.

2. **M. V. Lee Badgett**, Ph.D., is a Professor of Economics at the University of Massachusetts Amherst and a Williams Distinguished Scholar at the Williams Institute, UCLA School of Law. Her current research focuses on poverty in the LGBT community, employment discrimination against LGBT people in the U.S., and the cost of homophobia and transphobia in global economies. Dr. Badgett's latest book is *The Public Professor: How to Use Your Research to Change the World.* Her book, *When Gay People Get Married: What Happens When Societies Legalize Same-Sex Marriage*, analyzes the positive U.S. and European experiences with marriage equality for gay couples. Her first book, *Money, Myths, and Change: The Economic Lives of Lesbians and Gay Men*, presented her groundbreaking work debunking the myth of gay affluence. Dr. Badgett's work includes testifying as an expert witness in legislative matters and litigation (including as an expert witness in California's Prop 8 case), consulting with development agencies (World Bank and UNDP), analyzing public policies, consulting with regulatory

bodies, briefing policymakers, writing op-ed pieces, speaking with journalists, and advising businesses.

3. **Juan Battle**, Ph.D., is a Professor of Sociology, Public Health, & Urban Education and the Coordinator of the Africana Studies Certificate Program at the Graduate Center of the City University of New York (CUNY). His research focuses on race, sexuality, and social justice. Dr. Battle has over 75 grants and publications, including books, book chapters, academic articles, and encyclopedia entries. In addition to having delivered lectures at a multitude of academic institutions, community-based organizations, and funding agencies throughout the world, Dr. Battle's scholarship has included work throughout North America, South America, Africa, Asia, and Europe. Among his current projects, he is heading the Social Justice Sexuality initiative—a project exploring the lived experiences of Black, Latina/o, and Asian lesbian, gay, bisexual, and transgender (LGBT) people in the United States and Puerto Rico. He is also heading a project examining LGBT poverty in New York City. Dr. Battle is a Fulbright Senior Specialist and was the Fulbright Distinguished Chair of Gender Studies at the University of Klagenfurt, Austria and was an Affiliate Faculty of the Institute for Gender and Development Studies (IGDS), The University of the West Indies, St. Augustine, Trinidad and Tobago.

4. **Stuart Biegel**, J.D., has been a longtime member of the faculty at both the UCLA School of Law and the UCLA Graduate School of Education and Information Studies. He has served as Director of Teacher Education at UCLA, Special Counsel for the California Department of Education, and the Consent

Decree Monitor for the federal court in the San Francisco school desegregation case. Professor Biegel is the original author of the West casebook *Education and the Law* (4th ed. 2016), which focuses on both K-12 and higher education communities, and also includes major coverage of technology issues, privacy law issues, and disability rights. Among many other publications, his scholarship includes *The Right to Be Out: Sexual Orientation and Gender Identity in America's Public Schools* (University of Minnesota Press, 2d ed. forthcoming 2018) and *Unfinished Business: The Employment Non-Discrimination Act (ENDA) and the K-12 Education Community,* 14 *NYU Journal of Legislation & Public Policy* 357 (2011). He has also consulted with the National Education Association and the U.S. Commission on Civil Rights on issues relating to marginalized and disenfranchised youth.

5. **Susan D. Cochran**, Ph.D, M.S., is a Professor of Epidemiology at the UCLA Fielding School of Public Health and a Professor of Statistics, UCLA. Her research focuses on the mechanisms by which social adversity affects health. She has received numerous awards for her research and professional activities including the prestigious 2001 Award for Distinguished Contributions to Research in Public Policy from the American Psychological Association. In 2010, she was a member of the APA Presidential Task Force on "Reducing and preventing discrimination against and enhancing benefits of inclusion of people whose social identities are marginalized in society." Using funding from the National Institute on Drug Abuse, she conducted three large-scale population-based studies of mental

health and substance use concerns among lesbian, gay, and bisexual individuals in California. She is also a member of the World Health Organization ICD-11 Working Group on the Classification of Sexual Disorders and Sexual Health. She has served as *Amicus curiae* (*Baehr v. Lewin*, Circuit Court, State of Hawaii, October, 1996; *Baehr v. Lewin*, Appeals Court, State of Hawaii, July, 1997) and provided expert testimony (*Howard v. Arkansas Department of Human Services*, 2004; *Doe v. Doe, Miami-Dade County*, 2008; and *Cole v. Arkansas*, 2010) for LGB-related matters.

6. **Kerith Conron**, Sc.D., M.P.H., is the Blachford-Cooper Distinguished Scholar and Research Director at the Williams Institute, UCLA School of Law. Dr. Conron earned her doctorate from the Harvard School of Public Health and MPH from the Boston University School of Public Health. She is a social and psychiatric epidemiologist whose work focuses on documenting and reducing health inequities that impact sexual and gender minority populations. Dr. Conron is committed to altering the landscape of adversity and opportunity for the most marginalized lesbian, gay, bisexual, and transgender (LGBT) communities through collaborative activities that impact the social determinants of health. She has been supported by the National Institutes of Health to conduct community-based participatory research with LGBT youth of color and to train scholars in LGBT population health research. Dr. Conron has been active in LGBT health for over 15 years, serving on the first Steering Committee of the National Coalition for LGBT Health and as the first coordinator of the Office of LGBT Health for the City

of Boston. Her current research focuses on socioeconomic status and strategies to reduce poverty and to promote health. Her publications appear in the American Journal of Public Health, Archives of Pediatrics and Adolescent Medicine, and Psychological Medicine. Her expertise and commentary have been featured by major media outlets including the New York Times, the Associated Press, and National Public Radio.

7. **Brian de Vries**, Ph.D., is a (retired) professor of Gerontology at San Francisco State University, with adjunct appointments at both Simon Fraser University (in Vancouver) and the University of Alberta (in Edmonton). Dr. de Vries has been instrumental in guiding his professional associations through his role as fellow of the Gerontological Society of America (GSA), past Board member of the American Society on Aging (ASA), and former co-Chair of the LGBT Aging Issues Network constituent group. Similarly, Dr. de Vries was appointed to the Institute of Medicine's Board on the Health of Select Populations Committee which authored the influential book: *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding*. Dr. de Vries has co-edited several professional journals and acclaimed academic books as well as authored or co-authored approximately 100 journal articles and book chapters, and has given over 150 presentations to local, national, and international professional audiences on the social and psychological well-being of midlife and older LGBT persons, among other topics.

8. **Brian Dodge**, Ph.D., is an Associate Professor in the Department of Applied Health Science and Associate Director of the Center for Sexual Health Promotion at the Indiana University School of Public Health-Bloomington. A nationally recognized expert on bisexual health, he is a co-director of the Bisexual Research Collaborative on Health (BiRCH), a partnership of Indiana University, University of Illinois at Chicago, and The Fenway Institute. His research focuses on understanding social and behavioral aspects of sexual health and other aspects of well-being among a variety of understudied and underserved sexual minority communities, with a specific emphasis on the impact of stigma and minority stress on health among bisexual individuals. His work includes some of the first National Institutes of Health-funded studies on health among bisexual men and women, relative to their exclusively heterosexual and homosexual counterparts. He also collaborates on assessments of health among probability samples of sexual minority individuals in the U.S., including as a co-investigator of the ongoing nationally representative National Survey of Sexual Health & Behavior. Dr. Dodge has provided expert legal consultation on bisexuality-related cases for the Maricopa County, Phoenix, Arizona Public Defenders' Office and the U.S. Military.

9. **Jessica N. Fish**, Ph.D., is a Postdoctoral Research Fellow at the University of Texas at Austin Population Research Center and Visiting Assistant Professor in the Department of Family Science at the University of Maryland School of Public Health. Dr. Fish studies the sociocultural factors that shape the

development and health of sexual minorities. Her area of research, in particular, focuses on how prejudice and discrimination influence the prevalence and developmental patterns of substance use and mental health among sexual minority youth and adults. Among other findings, her research demonstrates the deleterious effects of discrimination on sexual minority health across the life course.

10. **Andrew R. Flores**, Ph.D., is Assistant Professor of Political Science in the Public Policy & Political Science Department at the Lorry I. Lokey Graduate School of Business and Public Policy at Mills College and a Visiting Scholar at the Williams Institute, UCLA School of Law. Dr. Flores studies attitude formation and change about marginalized groups, particularly lesbian, gay, bisexual, and transgender people (LGBT); the political behavior of LGBT people with a central focus on the role of linked fate in LGBTQ politics, and research on the demography of LGBT people; and the experiences of LGBT people while incarcerated. Dr. Flores has also analyzed the effects of social attitudes about LGBT populations on the physical and mental health of LGBT populations. Dr. Flores's research has appeared in or are forthcoming in the *American Journal of Public Health*, *Political Psychology*, *Public Opinion Quarterly*; the *Journal of Social Issues*, *Political Research Quarterly*; *Politics, Groups, and Identities*; the *Journal of Youth and Adolescence*; *Aggression and Violent Behavior*; the *International Journal of Public Opinion Research*; *Research and Politics*, *Transgender Studies Quarterly;* and the *Indiana Journal of Law and Social Equality*.

11. **David M. Frost**, Ph.D., is a Senior Lecturer (Associate Professor) in Social Psychology in the Department of Social Science at University College London. His research focuses on close relationships, stress, stigma, and health. His primary line of research examines on how stigma, prejudice, and discrimination constitute minority stress and, as a result, affect the health and well-being of marginalized individuals. He also studies how couples psychologically experience intimacy within long-term romantic relationships and how their experience of intimacy affects their health. These two lines of research combine within recent projects examining same-sex couples' experiences of stigmatization and its resulting impact on their relational, sexual, and mental health. His research has been published in several top tier social science, public health, and policy journals and has been recognized by grants and awards from the U.S. National Institutes of Health, the Society for the Psychological Study of Social Issues, and the New York Academy of Sciences.

12. **Nanette Gartrell**, M.D., is a Visiting Distinguished Scholar at the Williams Institute, UCLA School of Law. She has a Guest Appointment at the University of Amsterdam, and she was formerly on the faculties of Harvard Medical School and UCSF. Dr. Gartrell is a psychiatrist, researcher, and writer whose 48 years of scientific investigations have focused primarily on sexual minority parent families. Dr. Gartrell is the principal investigator of the U.S. National Longitudinal Lesbian Family Study, now in its 31st year. Her research has been cited internationally in litigation and legislation

concerning equality in marriage, foster care, and adoption, and it contributed to the American Academy of Pediatrics' 2013 endorsement of marriage equality. "The U.S. National Longitudinal Lesbian Family Study: Psychological Adjustment of the 17-year-old Adolescents," published in *Pediatrics*, was cited by *Discover Magazine* as one of the top 100 science stories of 2010.

13. **Jeremy Goldbach**, Ph.D., is an Assistant Professor at the University of Southern California Suzanne Dworak-Peck School of Social Work. Dr. Goldbach joined the faculty in 2012 after completing both his master's and doctoral degrees in social work at the University of Texas at Austin. His research is broadly focused on the relationship between social stigma, minority stress, and health among lesbian, gay, bisexual and transgender (LGBT) youth and adults. He has conducted studies in psychometric measurement development and is currently leading one of the first studies to examine how discrimination during adolescence may impact healthy development.

14. **Abbie E. Goldberg**, Ph.D., is an Associate Professor in the Department of Psychology at Clark University in Worcester, Massachusetts. She received her Ph.D. in clinical psychology from the University of Massachusetts Amherst. Her research examines diverse families, including lesbian- and gay-parent families and adoptive-parent families. A particular focus of her research is key life transitions (e.g., the transition to parenthood, the transition to kindergarten, and the transition to divorce) for same-sex couples. She has also studied the experiences of transgender college students, families formed through reproductive technologies, and bisexual

mothers partnered with men. She is the author of over 90 peer-reviewed articles and two books: Gay Dads (NYU Press) and Lesbian- and Gay-Parent Families (APA). She is the co-editor of LGBT-Parent Families: Innovations in Research and Implications for Practice (Springer) and the editor of the Encyclopedia of LGBTQ Studies (Sage). She has received research funding from the American Psychological Association, the Alfred P. Sloan Foundation, the Williams Institute, the Gay and Lesbian Medical Association, the Society for the Psychological Study of Social Issues, the National Institutes of Health, and the Spencer Foundation.

15. **Suzanne B. Goldberg**, J.D., is the Herbert and Doris Wechsler Clinical Professor of Law and founding director of the Sexuality and Gender Law Clinic at Columbia Law School. She also co-directs the Law School's Center for Gender & Sexuality Law. Professor Goldberg has written extensively about discrimination against lesbians, gay men, bisexuals and transgender people and has worked for nearly three decades on efforts to redress this discrimination.

16. **Gary J. Gates**, Ph.D., is a recognized expert on the geography and demography of the lesbian, gay, bisexual, and transgender (LGBT) population. Justice Anthony Kennedy cited his friend-of-the-court brief in his majority opinion in *Obergefell v. Hodges* (2015), holding that same-sex couples have a constitutional right to marriage. Dr. Gates holds a PhD in Public Policy and Management from the Heinz College, Carnegie Mellon University, a Master of Divinity degree from St. Vincent Seminary, and a Bachelor of Science degree in

Computer Science from the University of Pittsburgh at Johnstown. He is co-author of *The Gay and Lesbian Atlas* and publishes extensively on the demographic and economic characteristics of the LGBT population. National and international media outlets regularly feature his work. Dr. Gates is retired as a Distinguished Scholar and Research Director at the Williams Institute, UCLA School of Law. He has also held positions as a Senior Researcher at Gallup, a Research Associate at the Urban Institute in Washington, DC and Director of the AIDS Intervention Project in Altoona, PA.

17. **John C. Gonsiorek**, Ph.D., holds a Diplomate in Clinical Psychology from the American Board of Professional Psychology. He is past president of American Psychological Association Division 44, and has published widely on sexual orientation and identity. He is a fellow of APA Divisions 9, 12, 29, 36, and 44. Until August 2012, he was Professor in the PsyD Program at Argosy University/Twin Cities; and has taught at a number of other institutions. For over 25 years, he had an independent practice of clinical and forensic psychology in Minneapolis, and provided expert witness evaluation and testimony on a number of areas, including sexual orientation. Expert witness testimony regarding sexual orientation has included helping prepare *amicus curiae* briefs for the American Psychological Association; testimony in major cases includes: *Evans et al, v. Romer et al.*, *Equality Foundation et al. v. Cincinnati*, and *Nabozny v. Podlezny et al.* He has been a consulting editor for *Professional Psychology: Research & Practice,* and currently serves as Founding Editor for

Psychology of Sexual Orientation and Gender Diversity. His major publications include: Homosexuality: Research implications for public policy, and Homosexuality and psychotherapy: A practitioner's handbook of affirmative models.

18. **Perry N. Halkitis**, Ph.D., M.S., M.P.H., is dean of the Rutgers School of Public Health at Rutgers University–New Brunswick. Previously, he was professor of global public health, applied psychology, and medicine at NYU, where he has focused a significant amount of his research on HIV/AIDS, drug abuse, and mental health disease and how they are impacted by psychiatric and psychosocial factors. Dr. Halkitis also served as senior associate dean of the New York University (NYU) College of Global Public Health; director of NYU's Center for Health, Identity, and Behavior and Prevention Studies; and interim chair of the Department of Biostatistics at the College of Global Public Health. As senior associate dean for academic and faculty affairs at the NYU College of Global Public Health, Dr. Halkitis managed the academic portfolio of the college and administers the curriculum; directed faculty appointments and hiring; and participated in the college's and university's fund-raising efforts. He was NYU's inaugural associate dean for research and doctoral studies from 2005 to 2013 and earlier chaired the NYU Department of Applied Psychology.

19. **Gary W. Harper**, Ph.D., M.P.H., is a Professor of Health Behavior and Health Education, Professor of Global Public Health, and Director of the Office of Undergraduate Education at the School of Public Health at the University of Michigan. Dr.

Harper has conducted extensive research for more than 20 years with sexual minority youth/young adults, and has authored more than 130 publications in peer-reviewed academic journals. His research and community work have focused on the health and well-being of sexual minority youth and young adults, especially gay/bisexual male youth of color. This work includes the development of evidence-based interventions aimed at improving the health and well-being of sexual minority youth and young adults who experience discrimination, prejudice, and stigma. Dr. Harper's health promotion interventions for sexual minority youth are being utilized by community organizations and health centers in various states across the U.S., as well as in Kenya. Dr. Harper has testified as an expert witness in the City and County of San Francisco, California, and was appointed by the 2008 U.S. Secretary of Health and Human Services (under the George W. Bush administration) to serve on the Department of Health and Human Service's Office on AIDS Research Advisory Council.

20. **Amira Hasenbush**, J.D., M.P.H., is the Jim Kepner Law and Policy Fellow at the Williams Institute, UCLA School of Law. She researches discrimination based on sexual orientation and gender identity, family law issues for LGBT parents and children, and the legal needs of people living with HIV. She has completed empirical research on the existence and impact of public accommodations laws at the state and local level.

21. **Mark L. Hatzenbuehler**, Ph.D., is Associate Professor of Sociomedical Sciences and Sociology at Columbia University's Mailman School

of Public Health. Dr. Hatzenbuehler's research examines how structural forms of stigma—including social policies and community-level norms—increase risk for adverse health outcomes among members of stigmatized populations, with a particular focus on lesbian, gay, and bisexual individuals. He also developed a widely cited theoretical model that identifies psychosocial mechanisms linking stigma-related stressors to the development of psychopathology. Dr. Hatzenbuehler has published over 100 peer-reviewed articles and book chapters, and his work has been published in several leading journals, including *American Psychologist*, *Psychological Bulletin*, *American Journal of Public Health*, and *JAMA Pediatrics*. In recognition of this work on stigma and health inequalities, Dr. Hatzenbuehler received the 2015 Louise Kidder Early Career Award from the Society for the Psychological Study of Social Issues, the 2016 Early Career Award for Distinguished Contributions to Psychology in the Public Interest from the American Psychological Association, and the 2016 Janet Taylor Spence Award for Transformational Early Career Contributions from the Association for Psychological Science.

22. **Jody L. Herman**, Ph.D., is Scholar of Public Policy at the Williams Institute, UCLA School of Law. Dr. Herman has worked on issues of poverty, women's rights, and anti-discrimination policy development with non-profit research, advocacy, and direct-service organizations in the United States and Mexico. Before joining the Williams Institute, she worked as a research consultant on issues of voting rights in low-income minority communities and gender identity discrimination. She served as a co-

author on the groundbreaking report Injustice at Every Turn, based on the National Transgender Discrimination Survey conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality. At the Williams Institute, her work has included research on the fiscal and economic impact of marriage for same-sex couples, the fiscal impact of employment discrimination against people who are transgender, and the development of trans-inclusive questions for population-based surveys. Her main research interests are the impact of gender identity-based discrimination and issues related to gender regulation in public space and the built environment.

23. **Ning Hsieh**, Ph.D., is an assistant professor of sociology at Michigan State University. Dr. Hsieh studies disparities in health outcomes and health care access by sexual orientation. Her research focuses on how sexual minorities' experiences of marginalization, prejudice, and discrimination contribute to their lower access to social, economic, and other coping resources, which eventually leads to poorer mental and physical health. Her recent publications reveal the heterogeneity in health risks among sexual minorities, suggesting that sexual minorities of color and bisexual individuals are particularly disadvantaged in health and healthcare experience.

24. **Laura T. Kessler**, J.D., J.S.D., is a Professor of Law at the University of Utah, S.J. Quinney School of Law. Dr. Kessler studies discrimination and families. Her expertise includes the harms of discrimination with regard to marriage, parentage, child custody, and family leave for LGB

individuals. Professor Kessler has developed a theory of equal citizenship for LGB individuals rooted in their intimate relationships. Her papers document the long and continuing history of disapproval of LGB relationships; how this denial serves to disrespect and subordinate gays and lesbians; and the consequent emotional, political, and expressive significance for LGB individuals of legal recognition of their intimate relationships. Her research is widely cited and recognized as providing rigorous, comprehensive, interdisciplinary analyses of the stubborn problem of discrimination against minority families, including LGB families. She was co-author of Brief of Amici Curiae Family Law Professors in Support of Plaintiffs-Appellees and Affirmance, filed in *Kitchen v. Herbert*, 755 F.3d 1193 (10th Cir. 2014), addressing, among other issues, the harm of the state of Utah's marriage ban to the well-being of different-sex couples and their children.

25. **Suzanne A. Kim**, J.D., is Professor of Law at Rutgers Law School at Rutgers University in Newark. Her research interests include the socio-legal regulation of intimacy; discrimination; intersections of family law with gender, sexuality, culture, and race; critical legal theory; law and social science; and vulnerability and resilience, including as concerning minority stress. Professor Kim has served as Associate Dean for Faculty Development at Rutgers Law. A recipient of the Dream Professor Award from the Association of Black Law Students at Rutgers Law, Professor Kim has been a visiting scholar at Emory University's interdisciplinary Vulnerability and the Human Condition Initiative and Columbia Law School's Center for Gender and

Sexuality Law and has also taught at Fordham Law School. Professor Kim also serves on the Executive Committee of the Institute for Research on Women at Rutgers University.

26. **Nancy J. Knauer**, J.D., is a Professor of Law and Director of the Law & Public Policy Program at Temple University, Beasley School of Law. For the past twenty-five years, Professor Knauer has explored the impact of federal policies on the lives of LGBT people. She is the author of Gay and Lesbian Elders: History, Law and Identity Politics in the US and more than forty academic articles, books, and book chapters. Her most recent scholarship focuses on the challenges faced by LGBT older adults, including health disparities and issues related to minority stress. Professor Knauer has received a Dukeminier Award and the Stu Walter Prize from the Williams Institute for her scholarship on LGBT aging issues. She is the co-founder of the Aging, Law & Society Collaborative Research Network of the Law & Society Association and served on the Executive Committee of the Family Law Institute of the National LGBT Bar Association. Professor Knauer was selected as one of 26 law professors from across the nation to be featured in the book What the Best Law Teachers Do, published by Harvard University Press in 2013.

27. **David J. Lick**, Ph.D., is User Experience Researcher at Facebook. Dr. Lick received his doctorate in Psychology from the University of California, Los Angeles. His research examines a number of issues related to sexual orientation, ranging from the psychological factors that contribute to prejudice against LGBT people to the downstream

health consequences of such prejudice. He recently collaborated on a scientific review that synthesized the growing body of research linking sexual minorities' experiences with prejudice to physical health disparities. He and his colleagues outlined the psychological, physiological, and behavioral pathways through which prejudice could hinder overall health for LGBT people. Dr. Lick has received numerous honors and awards for his work, including funding from the National Science Foundation, American Psychological Association, American Psychological Foundation, and Society for the Psychological Study of Social Issues.

28. **Marguerita Lightfoot**, Ph.D., is Professor of Medicine at the University of California, San Francisco School of Medicine. She is Chief for the Division of Prevention Science, Director of the Center for AIDS Prevention Studies (CAPS), Director of the UCSF Prevention Research Center and she holds the Walter Gray Endowed Chair. As a counseling psychologist, her research focus has been on improving the health and well-being of adolescents and young adults as well as the development of efficacious interventions to reduce health disparities among those populations disproportionately burdened by HIV and poorer mental and physical health outcomes. Her domestic and international research has included developing culturally appropriate interventions for runaway/homeless youth, juvenile justice involved adolescents, youth in medical clinics and settings, youth with a parent living with HIV, youth living with HIV, and LGBT youth, among others. She also studies the factors and approaches that strengthen resilience and mitigate the societal

impacts of stressors among these vulnerable populations of youth.

29. **Christy Mallory**, J.D., is the Director of State & Local Policy at the Williams Institute, UCLA School of Law. She studies the prevalence and impact of discrimination against LGBT people and same-sex couples in areas such as employment, housing, public accommodations, and education. Her work has been published in various journals and books, including *When Mandates Work* (UC Press, 2013), the *Loyola of Los Angeles Law Review*, the *LGBTQ Policy Journal at the Harvard Kennedy School*, and the *Albany Government Law Review*.

30. **Michael P. Marshal**, Ph.D., is an Associate Professor of Psychiatry at the University of Pittsburgh, and a Licensed Clinical Psychologist. Dr. Marshal is also a Standing Member of the "Health Disparities and Equity Promotion" Study Section within the Center for Scientific Review, at the National Institutes of Health (NIH). His expertise includes the investigation of mental health disparities among lesbian, gay, and bisexual (LGB) adolescents, particularly adolescents under the age of 18 years old. Dr. Marshal's program of research has been supported by multiple NIH-funded grants. His peer-reviewed publications have provided strong scientific evidence for the following: (1) On average, compared with heterosexual adolescents, LGB adolescents report higher rates of substance use, depressive symptoms, suicidality, and violent victimization experiences; (2) Mental health disparities among LGBT adolescents persist as they transition into young adulthood; and (3) Consistent with Dr. Ilan Meyer's Minority Stress Model, gay-

related victimization experiences are strongly associated with these disparities.

31. **Miguel Muñoz-Laboy**, Dr.P.H., is an Associate Professor of Social Work at Temple University's College of Public Health. Dr. Muñoz-Laboy conducts studies on: 1) social and cultural factors that impact access to HIV/sexually transmitted infections, mental health, and/or substance abuse treatments in Latino communities in the United States; 2) the roles of acculturative stress and minority stress in the health and well-being for bisexual populations; and 3) linkage and retention in HIV among Latinos(as) with severe opioids use disorder. Drawing on Dr. Ilan Meyer's minority stress model, Muñoz-Laboy published research has documented how sexual minority stress increased the severity of anxiety and depressive symptoms among Latino bisexual men. To support his research program, he has received nine grants by the U.S. National Institutes of Health and private foundations as the Principal Investigator (PI) or co-Principal Investigator (co-PI) and has served as co-Investigator in 11 additional grants. Dr. Muñoz-Laboy has published over 70 articles in peer-reviewed journals, authored 10 chapters in edited books, and co-edited two books.

32. **John Pachankis**, Ph.D., is an Associate Professor of Public Health at Yale University. Dr. Pachankis studies the mental health of sexual and gender minority individuals. He developed a highly-cited model of stigma concealment, which has been used to understand the reasons that people conceal stigmatized identities and the psychological costs of doing so. He also studies the psychological impact of

stigma and discrimination on sexual and gender minority mental health over the lifespan. Drawing on his background as a clinical psychologist, he has translated this research into some of the first evidence-based mental health treatments for LGBT individuals. He has tested the delivery of these treatments via novel technologies (e.g., smartphones), in diverse settings (e.g., Eastern Europe), and with diverse segments of the LGBT community (e.g., rural youth). He is the recipient of the 2017 Distinguished Contributions to Knowledge award of the American Psychological Association's Division 44.

33. **Charlotte J. Patterson**, Ph.D., is a professor of Psychology at the University of Virginia. She is best known for her research on the role of sexual orientation in human development and family lives—specifically for her work on child development in lesbian- and gay-parented families. Patterson's research has been published in the field's top journals and she has co-edited four books on the psychology of sexual orientation. Patterson is a Fellow of the American Psychological Association (APA) and of the Association for Psychological Science (APS) and a past president of the Society for Psychological Study of Lesbian, Gay, and Bisexual Issues. She has won a number of awards, including APA's Distinguished Contributions to Research in Public Policy Award. She also served as a member of the United States Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Issues, whose 2011 report on LGBT health disparities was instrumental in leading the National Institutes of Health to reorganize research and increase funding for studies in this area.

34. **John L. Peterson**, Ph.D., is emeritus professor of psychology at Georgia State University. Prior to his faculty position at Georgia State, he was on the faculty at the University of California, San Francisco, in the Department of Medicine. Dr. Peterson studies the effects of sexual prejudice and violence toward sexual minorities and psychological issues related to the HIV/AIDS prevention among nonwhite gay and bisexual men. His work has been well cited regarding the interactive effects of sexual prejudice, masculine ideology, and violence toward sexual minorities and the sociocultural and psychological factors associated with HIV risk behavior and the social determinants of racial disparity in HIV infection. Dr. Peterson served on the Institute of Medicine (IOM) Committee on Lesbian, Gay, Bisexual & Transgender Health Issues and Research Gaps at the National Academies.

35. **Nancy Polikoff**, J.D., is Professor of Law at American University Washington College of Law where she teaches Family Law and a seminar on Children of LGBT Parents. She was previously the Visiting McDonald/Wright Chair of Law at UCLA School of Law and Faculty Chair of the Williams Institute. For more than 40 years, she has been writing about, teaching about, and working on litigation and legislation about LGBT families. Among her many publications is the book *Beyond (Straight and Gay) Marriage: Valuing All Families under the Law* (2008). Professor Polikoff was instrumental in the development of the legal theories that support second-parent adoption and custody and visitation rights for legally unrecognized parents. She was successful counsel in *In re M.M.D.*, which

established joint adoption for lesbian, gay, and unmarried couples in DC, and *Boswell v. Boswell*, a Maryland case that overturned restrictions on a gay noncustodial father's visitation rights. From 2007-2009, she played a primary role in the drafting and passage of groundbreaking parentage legislation in DC. She is a former chair of the Association of American Law Schools Section on Sexual Orientation and Gender Identity Issues. In 2011, Professor Polikoff received the Dan Bradley award from the National LGBT Bar Association, the organization's highest honor.

36. **Ellen D.B. Riggle**, Ph.D., is Professor of Political Science and Gender and Women's Studies at the University of Kentucky. Dr. Riggle studies the impact of stigma and identity strengths on the health and well-being of LGBT people and same-sex couples. Her areas of research include the effects of minority stress on LGBT individuals and same-sex couples, how laws and policies affect LGBT individuals' reports of distress and well-being, and the role of positive LGBT identity factors in well-being and resilience. Dr. Riggle is the co-author of A Positive View of LGBTQ: Embracing Identity and Cultivating Well-Being, winner of the 2012 American Psychological Association Division 44 Distinguished Book Award, and Happy Together: Thriving as a Same-Sex Couple in Your Family, Workplace, and Community (published by the American Psychological Association LifeTools series).

37. **Sharon Scales Rostosky**, Ph.D., is Professor and Director of Training in the Counseling Psychology program at the University of Kentucky. She is also a licensed psychologist. Dr. Rostosky uses

qualitative and quantitative methodologies to document the negative psychosocial impacts of prejudice and discrimination against LGB individuals and same-sex relationships that is sourced at all levels of the ecological system (intrapersonal, interpersonal, and socio-cultural). Her research on same-sex couple relationships was first funded by the American Psychological Foundation in 2000 and most recently by NIH in 2017. In addition to over 70 peer-reviewed articles, Dr. Rostosky has co-authored two books based on her research findings: *A Positive View of LGBTQ: Embracing Identity and Cultivating Well-Being* (Riggle & Rostosky, 2012, Rowman & Littlefield; American Psychological Association Division 44 Distinguished Book Award for 2012.), and *Happy Together: Thriving as a Same-Sex Couple in Your Family, Workplace, and Community* (Rostosky & Riggle, 2015, American Psychological Association).

38. **Esther D. Rothblum**, Ph.D., is Professor of Women's Studies at San Diego State University and Visiting Distinguished Scholar at the Williams Institute at UCLA School of Law. She is editor of the Journal of Lesbian Studies, a former president of Division 44 (Society for the Psychological Study of LGBT Issues) of the American Psychological Association, and a Fellow of seven divisions of APA. Her research and writing have focused on LGBT relationships and mental health, focusing on using heterosexual and cisgender siblings as a comparison group. Since 2001 Dr. Rothblum has compared same-sex couples in legal relationships with their heterosexual married siblings. She has edited 27 books and has over 130 publications in academic journals and books.

39. **Jocelyn Samuels**, J.D., is the Executive Director of the Williams Institute with close to three decades of experience in interpretation and enforcement of federal civil rights laws. She has served in numerous roles in the federal government, including as Acting Assistant Attorney General for the Civil Rights Division at the U.S. Department of Justice, and Director of the Office of Civil Rights at the U.S. Department of Health and Human Services. She has deep expertise in issues related to LGBT law and policy, including with respect to barriers that continue to limit access for the LGBT community to services and benefits and the application of existing laws to discrimination based on sexual orientation and gender identity.

40. **R. Bradley Sears**, J.D., is the David Sanders Distinguished Scholar of Law and Policy at the Williams Institute and Associate Dean of Public Interest Law at UCLA School of Law. Over the past two decades, Sears has published a number of research studies and articles, primarily on discrimination against LGBT people in the workplace in the private and public sectors, HIV discrimination by health care providers, the economic and fiscal impact of discrimination against same-sex couples, and the economic and fiscal impact of LGBT health disparities at the state-level.

41. **Ari Ezra Waldman**, J.D., Ph.D., is an Associate Professor of Law at New York Law School. He is the Director of the Innovation Center for Law and Technology and the Founder and Director of the Institute for CyberSafety, a full service academic and direct outreach program that includes, among other things, the first and, to-date, only law school clinic

representing LGBTQ victims of online harassment. Professor Waldman's research focuses, in relevant part, on the frequency and effects of bullying and cyberbullying on marginalized populations; the impact face-to-face and online harassment have on queer youth and adolescent success and health; and how federal, state, and local laws and policies can reduce cybervictimization and improve the lives of members of the LGBTQ community. His work has been published in leading law reviews and his forthcoming work explores nonconsensual image sharing among gay men and the effect of mobile apps on queer social life. He is an internationally sought-after speaker and commentator on privacy and cyberharassment.

42. **Bianca D.M. Wilson**, Ph.D., is a Senior Scholar of Public Policy at the Williams Institute, UCLA School of Law, and affiliated faculty with the UCLA California Center for Population Research. She earned a Ph.D. in Psychology from the Community and Prevention Research program at the University of Illinois at Chicago (UIC) with a minor in Statistics, Methods, and Measurement, and received postdoctoral training at the UCSF Institute for Health Policy Studies and the UCSF Lesbian Health and Research Center through an Agency for Health Research and Quality (AHRQ) postdoctoral fellowship. Her research focuses on the relationships between culture, oppression, and health, with an emphasis on racial and sexual and gender minorities. Her most current work focuses on LGBT economic instabilities and population research among foster youth, homeless youth, and youth in juvenile custody,

with a focus on sampling, data collection, and assessing disproportionality in these systems.

43. **Richard G. Wight**, Ph.D., M.P.H., is a retired Researcher from the Department of Community Health Sciences at the UCLA School of Public Health. For more than two decades, he conducted interdisciplinary research on stress and health experiences of individuals vis-à-vis the people and places around them, and his work has been widely published in the U.S. and internationally. His early publications were among the first to address public health and health policy issues relating to informal AIDS caregiving in the United States and he is an expert on the neighborhood context of health. Wight has developed life course studies that examine aging, minority stress, and health processes among the growing population of midlife and older lesbians and gay men, with a particular focus on the health effects of same-sex legal marriage. His recent work examines minority stress and health experiences of the parents of sexual minorities.

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